

## Fill in this information to identify your case:

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF OHIO

Case number (if known) \_\_\_\_\_

Chapter you are filing under:

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

Check if this an  
amended filing

## Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Identify Yourself

## About Debtor 1:

## 1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

**Andrew**

First name

**James**

Middle name

**Garchar**

Last name and Suffix (Sr., Jr., II, III)

## About Debtor 2 (Spouse Only in a Joint Case):

## 2. All other names you have used in the last 8 years

**Andy Garchar**

Include your married or maiden names.

**Tammy**

First name

**Noel**

Middle name

**Feo-Garchar**

Last name and Suffix (Sr., Jr., II, III)

## 3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

**xxx-xx-2011****Tammy N. Feo  
Tammy N. Garchar****xxx-xx-7078**

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number *(if known)*

**About Debtor 1:**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s)

EINs

**About Debtor 2 (Spouse Only in a Joint Case):**

I have not used any business name or EINs.

Business name(s)

EINs

**5. Where you live**

**239 Clingan Road  
Struthers, OH 44471**

Number, Street, City, State & ZIP Code

**Mahoning**

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**If Debtor 2 lives at a different address:**

**46829 Church Street  
New Waterford, OH 44445**

Number, Street, City, State & ZIP Code

**Columbiana**

County

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

**Check one:**

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

**Check one:**

Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

I have another reason. Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

**Part 2: Tell the Court About Your Bankruptcy Case**

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

8. **How you will pay the fee**  **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.  
 **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).  
 **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. **Have you filed for bankruptcy within the last 8 years?**  No.  Yes.

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_

10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**  No  
 Yes.

Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
 Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

11. **Do you rent your residence?**  No. Go to line 12.  
 Yes. Has your landlord obtained an eviction judgment against you?  
 No. Go to line 12.  
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

No. Go to Part 4.

Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number, Street, City, State & ZIP Code

*Check the appropriate box to describe your business:*

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a *small business debtor*?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).*

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

No.

Yes.

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

**I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

**I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

**I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

**I am not required to receive a briefing about credit counseling because of:**

**Incapacity.**

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.**

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.**

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

**I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

**I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

**I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

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**I am not required to receive a briefing about credit counseling because of:**

**Incapacity.**

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

**Disability.**

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

**Active duty.**

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

**Part 6: Answer These Questions for Reporting Purposes**

16. <b>What kind of debts do you have?</b>	16a. <b>Are your debts primarily consumer debts?</b> <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as “incurred by an individual primarily for a personal, family, or household purpose.”		
	<input type="checkbox"/> No. Go to line 16b.		
	<input checked="" type="checkbox"/> Yes. Go to line 17.		
16b.	<b>Are your debts primarily business debts?</b> <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.		
	<input type="checkbox"/> No. Go to line 16c.		
	<input type="checkbox"/> Yes. Go to line 17.		
16c.	State the type of debts you owe that are not consumer debts or business debts <hr/>		
17. <b>Are you filing under Chapter 7?</b>	<input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.		
<b>Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?</b>	<input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
18. <b>How many Creditors do you estimate that you owe?</b>	<input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
19. <b>How much do you estimate your assets to be worth?</b>	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
20. <b>How much do you estimate your liabilities to be?</b>	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input checked="" type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

**Part 7: Sign Below**

**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Andrew James Garchar

**Andrew James Garchar**

Signature of Debtor 1

/s/ Tammy Noel Feo-Garchar

**Tammy Noel Feo-Garchar**

Signature of Debtor 2

Executed on 6/11/2019

MM / DD / YYYY

Executed on 6/11/2019

MM / DD / YYYY

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

**For your attorney, if you are represented by one**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**/s/ John H. Chaney, III**

Signature of Attorney for Debtor

Date

**6/11/2019**

MM / DD / YYYY

**John H. Chaney, III**

Printed name

**Daniel Daniluk, LLC**

Firm name

**1129 Niles-Cortland Road, SE  
Warren, OH 44484-2542**

Number, Street, City, State & ZIP Code

Contact phone **330-609-9999**

Email address

**jchaney@daniiluklaw.com**

**0056193 OH**

Bar number & State

## Fill in this information to identify your case:

Debtor 1	<b>Andrew James Garchar</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Tammy Noel Feo-Garchar</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF OHIO		
Case number (if known)			

Check if this is an amended filing

**Official Form 106Sum****Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

**Part 1: Summarize Your Assets**

		<b>Your assets</b> Value of what you own
1.	<b>Schedule A/B: Property</b> (Official Form 106A/B)	\$ <b>215,000.00</b>
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ <b>215,000.00</b>
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ <b>257,780.48</b>
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ <b>472,780.48</b>

**Part 2: Summarize Your Liabilities**

		<b>Your liabilities</b> Amount you owe
2.	<b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	\$ <b>267,311.58</b>
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ <b>267,311.58</b>
3.	<b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	\$ <b>10,564.30</b>
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ <b>10,564.30</b>
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ <b>311,415.44</b>
		<b>Your total liabilities</b> \$ <b>589,291.32</b>

**Part 3: Summarize Your Income and Expenses**

4.	<b>Schedule I: Your Income</b> (Official Form 106I)	\$ <b>7,751.23</b>
	Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ <b>7,751.23</b>
5.	<b>Schedule J: Your Expenses</b> (Official Form 106J)	\$ <b>7,489.35</b>
	Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ <b>7,489.35</b>

**Part 4: Answer These Questions for Administrative and Statistical Records**

- Are you filing for bankruptcy under Chapters 7, 11, or 13?
 

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes
- What kind of debt do you have?
 

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 7,625.31

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>10,564.30</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>81,225.34</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	\$ <u>0.00</u>
<b>9g. Total.</b> Add lines 9a through 9f.	<b>\$ <u>91,789.64</u></b>

Fill in this information to identify your case and this filing:

Debtor 1	<b>Andrew James Garchar</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Tammy Noel Feo-Garchar</b>		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF OHIO</b>			
Case number			<input type="checkbox"/> Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1

#### 239 Clingan Road

Street address, if available, or other description

Struthers      OH      44471-0000  
 City              State      ZIP Code

##### What is the property? Check all that apply

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

**\$215,000.00**

Current value of the portion you own?

**\$215,000.00**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

**Fee simple**

Check if this is community property  
 (see instructions)

##### Who has an interest in the property? Check one

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

**If you own or have more than one, list here:**

1.2

**Disney Vacation Club  
 DVCMC Association Manager  
 PO Box 470727**

Street address, if available, or other description

**Kissimmee FL 34747-0000**

City State ZIP Code

**What is the property? Check all that apply**

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the  
 entire property?**

**Unknown**

**Current value of the  
 portion you own?**

**Unknown**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

**Fee simple**

**Check if this is community property**  
 (see instructions)

**Who has an interest in the property? Check one**

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

**Debtors have 3 separate deeds from Orange County, FL containing undivided 0.3284% interest in Unit 99A at the Disney Saratoga Springs Resort purchased January 2007. Parties have 15 shares for each account for a total of 45 shares.**

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

**\$215,000.00**

**Part 2: Describe Your Vehicles**

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.**

**3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

No

Yes

3.1 Make: **Dodge**

**Who has an interest in the property? Check one**

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the  
 entire property?**

**Current value of the  
 portion you own?**

**\$20,650.00** **\$20,650.00**

Model: **Durango**

Year: **2015**

Approximate mileage: **72,000**

Other information:

**Check if this is community property**  
 (see instructions)

3.2 Make: **Nissan**

**Who has an interest in the property? Check one**

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the  
 entire property?**

**Current value of the  
 portion you own?**

**\$14,550.00** **\$14,550.00**

Model: **Altima**

Year: **2017**

Approximate mileage: **103,079**

Other information:

**Check if this is community property**  
 (see instructions)

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No  
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$35,200.00

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?  
 Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

No  
 Yes. Describe.....

**Misc. household goods and furnishings including, but not limited to, consisting of couch, chairs, endtables, beds, dressers, night stands, kitchen table & chairs, microwave, fridge, stove, washer, dryer, misc. lawn tools, and lawn mower.**

\$2,000.00

**Misc. household goods and furnishings including, but not limited to, consisting of couch, chairs, endtables, beds, dressers, night stands, kitchen table & chairs, microwave, and misc. lawn tools.**

\$1,500.00

**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No  
 Yes. Describe.....

**5 cell phones, 3 computers, 7 TVs, 2 gaming devices, 1 DVD/Blue Ray**

\$2,000.00

**8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No  
 Yes. Describe.....

**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No  
 Yes. Describe.....

**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No  
 Yes. Describe.....

**9mm Smith & Wesson (seized by Mahoning County Sheriff's Department and in their custody, control and possession until December 2019. Debtor Husband is unsure if/when it will be returned)**

\$500.00

Debtor 1 **Andrew James Garchar**  
Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

 No Yes. Describe.....**Clothing of Debtors and children****\$2,000.00****12. Jewelry**

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

 No Yes. Describe.....**Wedding set and right hand diamond ring (in Debtor Husband's possession) and emerald ring****\$2,000.00****13. Non-farm animals**

Examples: Dogs, cats, birds, horses

 No Yes. Describe.....**14. Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....

**\$10,000.00****Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?  
Do not deduct secured claims or exemptions.**16. Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

 No Yes.....**17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

 No Yes.....

Institution name:

**17.1. Checking****Citizens Bank****\$0.55****17.2. Checking****Huntington Bank****\$0.00****17.3. Investing/Savings****Acorns Account****\$89.90**

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

**18. Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

 No Yes.....

Institution or issuer name:

**E\* Trade account consisting 2,000 shares of Nanologix (\$0.0370 per share) and 25 shares of Rite Aid (\$7.30 per share)**

**\$232.50****19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture** No Yes. Give specific information about them.....

Name of entity:

% of ownership:

**OT Plus, Ltd (business operated by Debtor-Husband to provide occupational therapy to patients at facilities and in their home, business assets consist of checking accounts at Citizens Bank (ending 593-1 and 388-1), a computer, a tablet, a printer/copier/scanner/fax , and a desk)**

**100 %****Unknown****20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.

*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

 No Yes. Give specific information about them

Issuer name:

**21. Retirement or pension accounts**

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

 No Yes. List each account separately.

Type of account:

Institution name:

**401(a)****STRS (balance as of 12/31/2018)****\$212,257.53****22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

 No Yes.....

Institution name or individual:

**23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)** No Yes.....

Issuer name and description.

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes.....

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit** No Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them...

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No  
 Yes. Give specific information about them...

**Money or property owed to you?**

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

No  
 Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

**2018 Income Tax Refund (Total refund of \$2,998.00 to be seized and to be applied to priority obligation owed by Debtor-Husband to IRS)**

**Federal****\$0.00****2018 Income Tax Refund****Federal****Unknown****2018 Income Tax Refund****State****Unknown****29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No  
 Yes. Give specific information.....

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No  
 Yes. Give specific information..

**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No  
 Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

**Term life insurance policy through employer****Wife and minor children****\$0.00****32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No  
 Yes. Give specific information..

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No  
 Yes. Describe each claim.....

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

No  
 Yes. Describe each claim.....

**35. Any financial assets you did not already list**

No  
 Yes. Give specific information..

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

**\$212,580.48**

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

**37. Do you own or have any legal or equitable interest in any business-related property?**

No. Go to Part 6.  
 Yes. Go to line 38.

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.  
 If you own or have an interest in farmland, list it in Part 1.**

**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

No. Go to Part 7.  
 Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

**53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

No  
 Yes. Give specific information.....

**54. Add the dollar value of all of your entries from Part 7. Write that number here .....**

**\$0.00**

**Part 8: List the Totals of Each Part of this Form**

<b>55. Part 1: Total real estate, line 2 .....</b>	<b>\$215,000.00</b>
<b>56. Part 2: Total vehicles, line 5</b>	<b>\$35,200.00</b>
<b>57. Part 3: Total personal and household items, line 15</b>	<b>\$10,000.00</b>
<b>58. Part 4: Total financial assets, line 36</b>	<b>\$212,580.48</b>
<b>59. Part 5: Total business-related property, line 45</b>	<b>\$0.00</b>
<b>60. Part 6: Total farm- and fishing-related property, line 52</b>	<b>\$0.00</b>
<b>61. Part 7: Total other property not listed, line 54</b>	<b>\$0.00</b>
<b>62. Total personal property. Add lines 56 through 61...</b>	<b>\$257,780.48</b>
	Copy personal property total
	<b>\$257,780.48</b>
<b>63. Total of all property on Schedule A/B. Add line 55 + line 62</b>	<b>\$472,780.48</b>

Fill in this information to identify your case:

Debtor 1	<b>Andrew James Garchar</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Tammy Noel Feo-Garchar</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		NORTHERN DISTRICT OF OHIO	
Case number (if known) _____			

Check if this is an  
amended filing

**Official Form 106C****Schedule C: The Property You Claim as Exempt**

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt****1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.**

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

**2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.**

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Check only one box for each exemption.	
239 Clingan Road Struthers, OH 44471 Mahoning County Line from <i>Schedule A/B</i> : 1.1	\$215,000.00	<input checked="" type="checkbox"/> \$145,425.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(1)
2015 Dodge Durango 72,000 miles Line from <i>Schedule A/B</i> : 3.1	\$20,650.00	<input checked="" type="checkbox"/> \$4,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(2)
2017 Nissan Altima 103,079 miles Line from <i>Schedule A/B</i> : 3.2	\$14,550.00	<input checked="" type="checkbox"/> \$4,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(2)
Misc. household goods and furnishings including, but not limited to, consisting of couch, chairs, endtables, beds, dressers, night stands, kitchen table & chairs, microwave, fridge, stove, washer, dryer, misc. lawn tools, and lawn mower. Line from <i>Schedule A/B</i> : 6.1	\$2,000.00	<input checked="" type="checkbox"/> \$2,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known)

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own  Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim  <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
<b>Misc. household goods and furnishings including, but not limited to, consisting of couch, chairs, endtables, beds, dressers, night stands, kitchen table &amp; chairs, microwave, and misc. lawn tools.</b>  Line from <i>Schedule A/B: 6.2</i>	<b>\$1,500.00</b>	<input checked="" type="checkbox"/> <b>\$1,500.00</b>  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. § 2329.66(A)(4)(a)</b>
<b>5 cell phones, 3 computers, 7 TVs, 2 gaming devices, 1 DVD/Blue Ray</b>  Line from <i>Schedule A/B: 7.1</i>	<b>\$2,000.00</b>	<input checked="" type="checkbox"/> <b>\$2,000.00</b>  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. § 2329.66(A)(4)(a)</b>
<b>9mm Smith &amp; Wesson (seized by Mahoning County Sheriff's Department and in their custody, control and possession until December 2019. Debtor Husband is unsure if/when it will be returned)</b>  Line from <i>Schedule A/B: 10.1</i>	<b>\$500.00</b>	<input checked="" type="checkbox"/> <b>\$500.00</b>  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. § 2329.66(A)(4)(a)</b>
<b>Clothing of Debtors and children</b>  Line from <i>Schedule A/B: 11.1</i>	<b>\$2,000.00</b>	<input checked="" type="checkbox"/> <b>\$2,000.00</b>  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. § 2329.66(A)(4)(a)</b>
<b>Wedding set and right hand diamond ring (in Debtor Husband's possession) and emerald ring</b>  Line from <i>Schedule A/B: 12.1</i>	<b>\$2,000.00</b>	<input checked="" type="checkbox"/> <b>\$3,400.00</b>  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. § 2329.66(A)(4)(b)</b>
<b>Checking: Citizens Bank</b>  Line from <i>Schedule A/B: 17.1</i>	<b>\$0.55</b>	<input checked="" type="checkbox"/> <b>\$0.55</b>  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. § 2329.66(A)(3)</b>
<b>Checking: Huntington Bank</b>  Line from <i>Schedule A/B: 17.2</i>	<b>\$0.00</b>	<input checked="" type="checkbox"/> <b>\$0.00</b>  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. § 2329.66(A)(3)</b>
<b>Investing/Savings: Acorns Account</b>  Line from <i>Schedule A/B: 17.3</i>	<b>\$89.90</b>	<input checked="" type="checkbox"/> <b>\$89.90</b>  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. § 2329.66(A)(3)</b>
<b>E* Trade account consisting 2,000 shares of Nanologix (\$0.0370 per share) and 25 shares of Rite Aid (\$7.30 per share)</b>  Line from <i>Schedule A/B: 18.1</i>	<b>\$232.50</b>	<input checked="" type="checkbox"/> <b>\$232.50</b>  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. § 2329.66(A)(3)</b>

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own  Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim  <i>Check only one box for each exemption.</i>	Specific laws that allow exemption
<b>OT Plus, Ltd (business operated by Debtor-Husband to provide occupational therapy to patients at facilities and in their home, business assets consist of checking accounts at Citizens Bank (ending 593-1 and 388-1), a computer, a tablet, a printer/copier/sc</b>  Line from <i>Schedule A/B: 19.1</i>	<b>Unknown</b>	<input checked="" type="checkbox"/> <b>\$2,550.00</b>  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. § 2329.66(A)(5)</b>
<b>OT Plus, Ltd (business operated by Debtor-Husband to provide occupational therapy to patients at facilities and in their home, business assets consist of checking accounts at Citizens Bank (ending 593-1 and 388-1), a computer, a tablet, a printer/copier/sc</b>  Line from <i>Schedule A/B: 19.1</i>	<b>Unknown</b>	<input checked="" type="checkbox"/> <b>\$677.05</b>  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. § 2329.66(A)(3)</b>
<b>OT Plus, Ltd (business operated by Debtor-Husband to provide occupational therapy to patients at facilities and in their home, business assets consist of checking accounts at Citizens Bank (ending 593-1 and 388-1), a computer, a tablet, a printer/copier/sc</b>  Line from <i>Schedule A/B: 19.1</i>	<b>Unknown</b>	<input checked="" type="checkbox"/> <b>\$2,650.00</b>  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. § 2329.66(A)(18)</b>
<b>401(a): STRS (balance as of 12/31/2018)</b>  Line from <i>Schedule A/B: 21.1</i>	<b>\$212,257.53</b>	<input checked="" type="checkbox"/> <b>100%</b>  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. §§ 3307.71, 3309.66</b>
<b>Term life insurance policy through employer</b> <b>Beneficiary: Wife and minor children</b>  Line from <i>Schedule A/B: 31.1</i>	<b>\$0.00</b>	<input checked="" type="checkbox"/> <b>100%</b>  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. §§ 2329.66(A)(6)(e), 3923.19</b>

**3. Are you claiming a homestead exemption of more than \$170,350?**

(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)

No  
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
 No  
 Yes

Fill in this information to identify your case:

Debtor 1	<b>Andrew James Garchar</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Tammy Noel Feo-Garchar</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF OHIO		
Case number (if known)			

Check if this is an amended filing

## Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

#### 1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

#### Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

##### 2.1 Bank of America NA

Creditor's Name

**ATTN: Bankruptcy  
100 North Tryon Street  
Charlotte, NC 28255**

Number, Street, City, State &amp; Zip Code

**Who owes the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Date debt was incurred

#### Describe the property that secures the claim:

**239 Clingan Road Struthers, OH  
44471 Mahoning County**

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Nature of lien.** Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Column A	Column B	Column C
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion If any
<b>\$2,693.74</b>	<b>\$215,000.00</b>	<b>\$0.00</b>

Last 4 digits of account number

##### 2.2 Bank of America NA

Creditor's Name

**ATTN: Bankruptcy  
100 North Tryon Street  
Charlotte, NC 28255**

Number, Street, City, State &amp; Zip Code

**Who owes the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim relates to a community debt

Date debt was incurred

#### Describe the property that secures the claim:

**239 Clingan Road Struthers, OH  
44471 Mahoning County**

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Nature of lien.** Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) **2018 JD 903**

<b>\$19,855.31</b>	<b>\$215,000.00</b>	<b>\$0.00</b>
--------------------	---------------------	---------------

Last 4 digits of account number

Debtor 1	<b>Andrew James Garchar</b>			Case number (if known)			
	First Name	Middle Name	Last Name				
Debtor 2	<b>Tammy Noel Feo-Garchar</b>						
	First Name	Middle Name	Last Name				
2.3	<b>C&amp;F Finance Company</b>			Describe the property that secures the claim:	<b>\$18,078.37</b>	<b>\$14,550.00</b>	<b>\$3,528.37</b>
	Creditor's Name			<b>2017 Nissan Altima 103,079 miles</b>			
<b>ATTN: Bankruptcy Dept</b> <b>PO Box 2129</b> <b>Richmond, VA 23218</b>							
Number, Street, City, State & Zip Code							
<b>Who owes the debt?</b> Check one.							
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Debtor 2 only		<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Check if this claim relates to a community debt		<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)			
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)			
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Judgment lien from a lawsuit			
<input type="checkbox"/> Check if this claim relates to a community debt		<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)		<input checked="" type="checkbox"/> Other (including a right to offset) <b>Purchase Money Security</b>			
Date debt was incurred _____							
Last 4 digits of account number <b>5404</b>							
2.4	<b>Chrysler Capital</b>			Describe the property that secures the claim:	<b>\$19,332.00</b>	<b>\$20,650.00</b>	<b>\$0.00</b>
	Creditor's Name			<b>2015 Dodge Durango 72,000 miles</b>			
<b>ATTN: Bankruptcy</b> <b>PO Box 961275</b> <b>Fort Worth, TX 76161</b>							
Number, Street, City, State & Zip Code							
<b>Who owes the debt?</b> Check one.							
<input checked="" type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Check if this claim relates to a community debt		<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)			
<input checked="" type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)			
<input type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Judgment lien from a lawsuit			
<input type="checkbox"/> Check if this claim relates to a community debt		<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)		<input checked="" type="checkbox"/> Other (including a right to offset) <b>Purchase Money Security</b>			
Date debt was incurred _____							
Last 4 digits of account number <b>9388</b>							
2.5	<b>Mr. Cooper</b>			Describe the property that secures the claim:	<b>\$130,352.16</b>	<b>\$215,000.00</b>	<b>\$0.00</b>
	Creditor's Name			<b>239 Clingan Road Struthers, OH 44471 Mahoning County</b>			
<b>8590 Cypress Waters Blvd.</b> <b>Coppell, TX 75019</b>							
Number, Street, City, State & Zip Code							
<b>Who owes the debt?</b> Check one.							
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Debtor 2 only		<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only			
<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Check if this claim relates to a community debt		<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)			
<input type="checkbox"/> Debtor 1 only		<input type="checkbox"/> Debtor 2 only		<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)			
<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		<input type="checkbox"/> At least one of the debtors and another		<input type="checkbox"/> Judgment lien from a lawsuit			
<input type="checkbox"/> Check if this claim relates to a community debt		<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)		<input checked="" type="checkbox"/> Other (including a right to offset) <b>First Mortgage</b>			
Date debt was incurred _____							
Last 4 digits of account number <b>4147</b>							

Debtor 1 **Andrew James Garchar** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

Debtor 2 **Tammy Noel Feo-Garchar** \_\_\_\_\_  
 First Name Middle Name Last Name

2.6 <b>So-Fi Lending</b> Creditor's Name <b>ATTN: Bankruptcy</b> <b>375 Healdsburg Avenue,</b> <b>#2</b> <b>Healdsburg, CA 95448</b> Number, Street, City, State & Zip Code	Describe the property that secures the claim: <b>239 Clingen Road Struthers, OH</b> <b>44471 Mahoning County</b>	\$77,000.00	\$215,000.00	\$14,901.21
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed				
<b>Nature of lien.</b> Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input checked="" type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) <b>2018 JD 205</b>				
Date debt was incurred	Last 4 digits of account number	367x		

Add the dollar value of your entries in Column A on this page. Write that number here:	<b>\$267,311.58</b>
If this is the last page of your form, add the dollar value totals from all pages.	<b>\$267,311.58</b>
Write that number here:	

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code <b>Chrysler Capital</b> <b>ATTN: Bankruptcy</b> <b>PO Box 961278</b> <b>Fort Worth, TX 76161</b>	On which line in Part 1 did you enter the creditor? <b>2.4</b>
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code <b>Levy &amp; Associates</b> <b>4645 Executive Drive</b> <b>Columbus, OH 43220</b>	On which line in Part 1 did you enter the creditor? <b>2.1</b>
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code <b>Mr. Cooper</b> <b>P.O. Box 60516</b> <b>City of Industry, CA 91716-0516</b>	On which line in Part 1 did you enter the creditor? <b>2.5</b>
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code <b>So-Fi Lending</b> <b>ATTN: Bankruptcy</b> <b>PO Box 29372</b> <b>San Francisco, CA 94129</b>	On which line in Part 1 did you enter the creditor? <b>2.6</b>
<input type="checkbox"/>	Name, Number, Street, City, State & Zip Code <b>So-Fi Lending</b> <b>ATTN: Bankruptcy</b> <b>Dept #3534</b> <b>PO Box 123534</b> <b>Dallas, TX 75312</b>	On which line in Part 1 did you enter the creditor? <b>2.6</b>

Debtor 1 **Andrew James Garchar** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

Debtor 2 **Tammy Noel Feo-Garchar** \_\_\_\_\_  
 First Name Middle Name Last Name

Name, Number, Street, City, State & Zip Code On which line in Part 1 did you enter the creditor? 2.6  
**So-Fi Lending Corp**  
**ATTN: Bankruptcy**  
**One Letter Drive**  
**Suite A, Suite #4700**  
**San Francisco, CA 94129**

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Name, Number, Street, City, State & Zip Code On which line in Part 1 did you enter the creditor? 2.6  
**Zwicker & Associates PC**  
**2300 Litton Lane #200**  
**Hebron, KY 41048**

---

Name, Number, Street, City, State & Zip Code On which line in Part 1 did you enter the creditor? 2.6  
**Zwicker & Associates, PC**  
**P.O. Box 9013**  
**Andover, MA 01810**

---

Name, Number, Street, City, State & Zip Code On which line in Part 1 did you enter the creditor? 2.6  
**Zwicker & Associates, PC**  
**80 Minuteman Road**  
**Andover, MA 01810**

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Fill in this information to identify your case:

Debtor 1	<b>Andrew James Garchar</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Tammy Noel Feo-Garchar</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		NORTHERN DISTRICT OF OHIO	
Case number (if known)			

Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.  
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount	
2.1 IRS	Last 4 digits of account number	\$10,564.30	\$0.00	\$10,564.30
Priority Creditor's Name <b>c/o Bankruptcy Dept PO Box 7346 Philadelphia, PA 19101</b>	When was the debt incurred?			
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.	<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify			
<input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>2013 and 2014 Personal Income Taxes (Returns Timely Filed)</b>			

#### Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

4.1	<b>Akron Children's Hospital</b> Nonpriority Creditor's Name <b>6505 Market Street</b> <b>Youngstown, OH 44512</b> Number Street City State Zip Code	Last 4 digits of account number <b>3013</b>	\$335.32
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed			
<input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b>			
4.2	<b>American Education Services</b> Nonpriority Creditor's Name <b>ATTN: Bankruptcy</b> <b>1200 North 7th Street</b> <b>Harrisburg, PA 17102</b> Number Street City State Zip Code	Last 4 digits of account number <b>6805</b>	\$30,225.34
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed			
<input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify <b>Student Loans</b>			
4.3	<b>American Express</b> Nonpriority Creditor's Name <b>P.O. Box 981540</b> <b>EI Paso, TX 79998</b> Number Street City State Zip Code	Last 4 digits of account number <b>2008</b>	\$700.00
Who incurred the debt? Check one.			
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed			
<input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Student loans <input type="checkbox"/> Yes <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>			

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

4.4	<b>American Express</b> Nonpriority Creditor's Name <b>P.O. Box 981540</b> <b>El Paso, TX 79998</b> Number Street City State Zip Code	Last 4 digits of account number <b>1003</b>	\$2,100.00
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Credit Card</b> <input type="checkbox"/> Yes			
<b>ATTN: Bankruptcy</b> <b>PO Box 965064</b> <b>Orlando, FL 32896</b> Number Street City State Zip Code			
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Credit Card</b> <input type="checkbox"/> Yes			
<b>ATTN: Bankruptcy</b> <b>PO Box 965064</b> <b>Orlando, FL 32896</b> Number Street City State Zip Code			
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Credit Card</b> <input type="checkbox"/> Yes			
<b>Bank of America</b> Nonpriority Creditor's Name <b>ATTN: Bankruptcy Dept.</b> <b>5401 North Beach Street</b> <b>FWTX 35</b> <b>Fort Worth, TX 76137</b> Number Street City State Zip Code			
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Credit Card</b> <input type="checkbox"/> Yes			

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

4.7	<b>Bank of America</b> Nonpriority Creditor's Name <b>ATTN: Bankruptcy</b> <b>P.O. Box 982234</b> <b>El Paso, TX 79998</b> Number Street City State Zip Code	Last 4 digits of account number <b>7941</b>	\$545.00
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><input type="checkbox"/> Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b></p>			
<b>Bank of America</b> Nonpriority Creditor's Name <b>ATTN: Bankruptcy Dept.</b> <b>5401 North Beach Street</b> <b>Fort Worth, TX 76137</b> Number Street City State Zip Code			
Last 4 digits of account number <b>8416</b> \$12,828.02			
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><input type="checkbox"/> Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b></p>			
<b>Bank of America</b> Nonpriority Creditor's Name <b>P.O. Box 31785</b> <b>Tampa, FL 33631</b> Number Street City State Zip Code			
Last 4 digits of account number <b>F422</b> \$2,693.74			
When was the debt incurred? _____			
As of the date you file, the claim is: Check all that apply			
<p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><input type="checkbox"/> Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b></p>			

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

4.1  
0

<b>Bank of America</b>	Last 4 digits of account number	<b>\$13,587.00</b>
Nonpriority Creditor's Name <b>7105 Corporate Drive Plano, TX 75024</b>	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	

4.1  
1

<b>Barclays Bank Delaware</b>	Last 4 digits of account number	<b>1584</b>	<b>Unknown</b>
Nonpriority Creditor's Name <b>700 Prides Crossing Newark, DE 19713</b>	When was the debt incurred?		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>		

4.1  
2

<b>Best Buy Credit Services</b>	Last 4 digits of account number	<b>4938</b>	<b>\$2,100.00</b>
Nonpriority Creditor's Name <b>P.O. Box 790441 Saint Louis, MO 63179</b>	When was the debt incurred?		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>		

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.1 3</div> <b>Best Buy/Capital One</b> Nonpriority Creditor's Name <b>ATTN: Bankruptcy</b> <b>26525 N Riverwoods Blvd</b> <b>Lake Forest, IL 60045</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> _____ <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b> _____	<b>Unknown</b> <hr/>
<b>Capital One</b> Nonpriority Creditor's Name <b>P.O. Box 30253</b> <b>Salt Lake City, UT 84130</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Last 4 digits of account number</b> <b>0331</b> <b>\$1,000.00</b> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b> _____
<b>Capital One</b> Nonpriority Creditor's Name <b>ATTN: Bankruptcy</b> <b>PO Box 30281</b> <b>Salt Lake City, UT 84130</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>Last 4 digits of account number</b> <b>9354</b> <b>\$500.00</b> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b> _____

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

4.1 6	<p><b>Capital One Bank (USA)</b>            Nonpriority Creditor's Name  <b>ATTN: Bankruptcy</b>  <b>4851 Cox Road</b>  <b>Glen Allen, VA 23060</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>0641</u></p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>	<u>\$1,200.00</u>
4.1 7	<p><b>Chase</b>            Nonpriority Creditor's Name  <b>P.O. Box 15298</b>  <b>Wilmington, DE 19850</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>6551</u></p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>	<u>\$700.00</u>
4.1 8	<p><b>Chase</b>            Nonpriority Creditor's Name  <b>ATTN: Bankruptcy</b>  <b>P.O. Box 15298</b>  <b>Wilmington, DE 19850</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>XXXX</u></p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>	<u>\$12,000.00</u>

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

4.1 9	<p><b>Citi Cards</b>            Nonpriority Creditor's Name  <b>ATTN: Bankruptcy/IRU Dept</b>  <b>PO Box 790034</b>  <b>Saint Louis, MO 63179</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>2308</u></p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>	<u>\$3,300.00</u>
4.2 0	<p><b>Citi Cards</b>            Nonpriority Creditor's Name  <b>ATTN: Bankruptcy</b>  <b>399 Park Avenue</b>  <b>New York, NY 10022</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>1159</u></p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>	<u>\$4,000.00</u>
4.2 1	<p><b>Citi Cards</b>            Nonpriority Creditor's Name  <b>ATTN: Bankruptcy</b>  <b>P.O. Box 6004</b>  <b>Sioux Falls, SD 57117</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>5771</u></p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p>	<u>\$3,500.00</u>

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.2 2</div> <b>Citi Cards</b> Nonpriority Creditor's Name <b>ATTN: Bankruptcy/IRU Dept</b> <b>PO Box 790034</b> <b>Saint Louis, MO 63179</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>0577</b> <b>When was the debt incurred?</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	<b>\$6,100.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.2 3</div> <b>CitiBank</b> Nonpriority Creditor's Name <b>ATTN: Bankruptcy</b> <b>701 East 60th North</b> <b>Sioux Falls, SD 57117</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Last 4 digits of account number <b>5636</b> <b>When was the debt incurred?</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.2 4</div> <b>Comenity Bank</b> Nonpriority Creditor's Name <b>ATTN: Bankruptcy</b> <b>1 Righter Parkway #100</b> <b>Wilmington, DE 19803</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Last 4 digits of account number <b>8961</b> <b>When was the debt incurred?</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>		

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.2 5</div> <b>Credit One</b> Nonpriority Creditor's Name <b>ATTN: Bankruptcy</b> <b>PO Box 98873</b> <b>Las Vegas, NV 89193</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>5859</b> <b>When was the debt incurred?</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	<b>\$650.00</b>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.2 6</div> <b>Dick's Sporting Goods</b> Nonpriority Creditor's Name <b>ATTN: Bankruptcy</b> <b>345 Court Street</b> <b>Coraopolis, PA 15108</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Last 4 digits of account number <b>2541</b> <b>When was the debt incurred?</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.2 7</div> <b>Dick's Sporting Goods</b> Nonpriority Creditor's Name <b>ATTN: Bankruptcy</b> <b>345 Court Street</b> <b>Coraopolis, PA 15108</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Last 4 digits of account number <b>6414</b> <b>When was the debt incurred?</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>		

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

4.2  
8**Discover**

Nonpriority Creditor's Name

**P.O. Box 30421  
Salt Lake City, UT 84130**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**9031****\$3,800.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Credit Card**4.2  
9**Discover**

Nonpriority Creditor's Name

**ATTN: Bankruptcy  
PO Box 15316  
Wilmington, DE 19850**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**XXXX****\$16,162.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Credit Card**4.3  
0**Dr. Mark Braydich**

Nonpriority Creditor's Name

**ATTN: Bankruptcy  
45 E. Liberty Street  
Hubbard, OH 44425**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number

**\$700.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Medical/Dental**

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

<div style="border: 1px solid black; padding: 2px;">4.3 1</div> <p><b>E*Trade Bank/E*Trade Securities LLC</b>    Nonpriority Creditor's Name  <b>ATTN: Bankruptcy</b>  <b>Harborside 2</b>  <b>200 Hudson Street, #501</b>  <b>Jersey City, NJ 07311</b></p>	<p>Last 4 digits of account number <b>9958</b> <span style="float: right;"><b>\$7,077.12</b></span></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b></p>
<hr/> <div style="border: 1px solid black; padding: 2px;">4.3 2</div> <p><b>Elan Financial Services</b>    Nonpriority Creditor's Name  <b>ATTN: Bankruptcy</b>  <b>PO Box 108</b>  <b>Saint Louis, MO 63166</b></p>	
<p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p>Last 4 digits of account number <b>_____</b> <span style="float: right;"><b>\$5,482.84</b></span></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Personal Loan</b></p>	
<hr/> <div style="border: 1px solid black; padding: 2px;">4.3 3</div> <p><b>Fifth Third Bank</b>    Nonpriority Creditor's Name  <b>ATTN: Bankruptcy Dept.</b>  <b>1830 E. Paris, SE</b>  <b>Grand Rapids, MI 49546</b></p>	
<p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p>Last 4 digits of account number <b>0341</b> <span style="float: right;"><b>\$14,509.00</b></span></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Personal Loan</b></p>	

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

4.3  
4**First Merit Bank**

Nonpriority Creditor's Name

**ATTN: Bankruptcy**  
**295 First Merit Circle**  
**Akron, OH 44307**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt  
 Is the claim subject to offset?  
 No  
 Yes

Last 4 digits of account number

**212x****Unknown**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Credit Card**

4.3  
5**Firstsource Advantage LLC**

Nonpriority Creditor's Name

**205 Bryant Woods South**  
**Buffalo, NY 14228**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt  
 Is the claim subject to offset?  
 No  
 Yes

Last 4 digits of account number

**212x****Unknown**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Collection Agent**

4.3  
6**FNB Omaha**

Nonpriority Creditor's Name

**ATTN: Bankruptcy**  
**PO Box 3412**  
**Omaha, NE 68103**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt  
 Is the claim subject to offset?  
 No  
 Yes

Last 4 digits of account number

**2820****Unknown**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Credit Card**

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

4.3 7	<p><b>Genesis Bankcard</b>            Nonpriority Creditor's Name  <b>ATTN: Bankruptcy</b>  <b>PO Box 4499</b>  <b>Beaverton, OR 97076</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another      <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b>      <input type="checkbox"/> Student loans</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b></p>	<p>Last 4 digits of account number <b>9263</b>      <b>\$400.00</b></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p>
4.3 8	<p><b>Home Savings and Loan</b>            Nonpriority Creditor's Name  <b>275 West Federal Plaza</b>  <b>Youngstown, OH 44501</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another      <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b>      <input type="checkbox"/> Student loans</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Personal Loan</b></p>	<p>Last 4 digits of account number <b>9263</b>      <b>\$4,400.00</b></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p>
4.3 9	<p><b>Humility of Mary Health Partners</b>            Nonpriority Creditor's Name  <b>ATTN: Bankruptcy</b>  <b>PO Box 1279</b>  <b>Dept #114465</b>  <b>Oaks, PA 19456</b>            Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only      <input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Debtor 2 only      <input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only      <input type="checkbox"/> Disputed</p> <p><input type="checkbox"/> At least one of the debtors and another      <input type="checkbox"/> Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b>      <input type="checkbox"/> Student loans</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No      <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b></p>	<p>Last 4 digits of account number <b>0285</b>      <b>\$121.80</b></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p>

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.4 0</div> <p><b>Humility of Mary Health Partners</b>    Nonpriority Creditor's Name  <b>ATTN: Bankruptcy</b>  <b>PO Box 1279</b>  <b>Dept #114465</b>  <b>Oaks, PA 19456</b>    Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> _____ <b>\$9.60</b></p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Medical Services</b> _____</p>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.4 1</div> <p><b>Loan Builders/Swift Financial LLC</b>    Nonpriority Creditor's Name  <b>3505 Silverside Road</b>  <b>Wilmington, DE 19810</b>    Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	
<p><b>Last 4 digits of account number</b> _____ <b>\$18,000.00</b></p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Personal Loan</b> _____</p>	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">4.4 2</div> <p><b>Macy's American Express</b>    Nonpriority Creditor's Name  <b>ATTN: Bankruptcy</b>  <b>PO Box 8097</b>  <b>Mason, OH 45040</b>    Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	
<p><b>Last 4 digits of account number</b> <b>1904</b> <b>\$2,700.00</b></p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b> _____</p>	

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

4.4 3	<p><b>Merrick Bank</b>            Nonpriority Creditor's Name  <b>ATTN: Bankruptcy</b>  <b>10705 S. Jordan Gateway #200</b>  <b>South Jordan, UT 84095</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>5759</b></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b></p>	<b>\$3,800.00</b>
4.4 4	<p><b>Navient Solutions</b>            Nonpriority Creditor's Name  <b>ATTN: Bankruptcy</b>  <b>PO Box 9500</b>  <b>Wilkes Barre, PA 18773</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>XXXX</b></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input checked="" type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify <b>Student Loans that are in a deferral/conditional repayment plan to waive if paid for 10 years</b></p>	<b>\$51,000.00</b>
4.4 5	<p><b>PayPal Credit</b>            Nonpriority Creditor's Name  <b>Bankruptcy Department</b>  <b>P.O. Box 5138</b>  <b>Lutherville Timonium, MD 21094</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b></p>	<b>Unknown</b>

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

4.4 6	<p><b>Portfolio Recovery Assoc. LLC</b>            Nonpriority Creditor's Name  <b>ATTN: Bankruptcy</b>  <b>120 Corporate Blvd.</b>  <b>Norfolk, VA 23502</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>XXXX</u></p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Collection Agent/Debt Buyer for US Bank</u></p>	<u>\$17,117.00</u>
4.4 7	<p><b>Portfolio Recovery Associates</b>            Nonpriority Creditor's Name  <b>ATTN: Bankruptcy Dept.</b>  <b>140 Corporate Blvd, Suite #1</b>  <b>Norfolk, VA 23502</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>XXXX</u></p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Debt Buyer/Collection Agent for Synchrony Bank</u></p>	<u>\$2,600.00</u>
4.4 8	<p><b>Portfolio Recovery Associates, LLC</b>            Nonpriority Creditor's Name  <b>P.O. Box 41067</b>  <b>Norfolk, VA 23541</b></p> <p>Number Street City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>1629</u></p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Debt Collection Agent/Buyer for US Bank</u></p>	<u>\$12,116.00</u>

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

4.4 9	<p><b>Sears Mastercard</b>            Nonpriority Creditor's Name  <b>ATTN: Bankruptcy Dept.</b>  <b>P.O. Box 9001055</b>  <b>Louisville, KY 40290</b></p> <p>Number Street City State Zip Code  <b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>7490</b></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b></p>	<b>\$4,209.40</b>
4.5 0	<p><b>Struthers Federal Credit Union</b>            Nonpriority Creditor's Name  <b>ATTN: Bankruptcy Dept</b>  <b>808 Poland Avenue</b>  <b>Struthers, OH 44471</b></p> <p>Number Street City State Zip Code  <b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Overdraft</b></p>	<b>\$300.00</b>
4.5 1	<p><b>SYNCB</b>            Nonpriority Creditor's Name  <b>ATTN: Bankruptcy</b>  <b>PO Box 965060</b>  <b>Orlando, FL 32896</b></p> <p>Number Street City State Zip Code  <b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <b>3400</b></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b></p>	<b>\$500.00</b>

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.5 2</div> <b>SYNCB/Home</b> Nonpriority Creditor's Name <b>ATTN: Bankruptcy</b> <b>950 Forrer Blvd</b> <b>Dayton, OH 45420</b> Number Street City State Zip Code	Last 4 digits of account number _____ <b>\$1,879.00</b> When was the debt incurred? _____
<b>As of the date you file, the claim is:</b> Check all that apply	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Credit Card</b> <input type="checkbox"/> Yes	
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.5 3</div> <b>SYNCB/MC</b> Nonpriority Creditor's Name <b>ATTN: Bankruptcy</b> <b>PO Box 965005</b> <b>Orlando, FL 32896</b> Number Street City State Zip Code	
Last 4 digits of account number <b>XXXX</b> <b>\$1,400.00</b> When was the debt incurred? _____	
<b>As of the date you file, the claim is:</b> Check all that apply	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Credit Card</b> <input type="checkbox"/> Yes	
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">4.5 4</div> <b>SYNCB/TJX CO DC</b> Nonpriority Creditor's Name <b>P.O. Box 965015</b> <b>Orlando, FL 32896</b> Number Street City State Zip Code	
Last 4 digits of account number <b>9845</b> <b>\$2,434.44</b> When was the debt incurred? _____	
<b>As of the date you file, the claim is:</b> Check all that apply	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Credit Card</b> <input type="checkbox"/> Yes	

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

4.5  
5

<b>SYNCB/Toys R Us</b>	Last 4 digits of account number	<b>\$5,927.00</b>
Nonpriority Creditor's Name <b>P.O. Box 965005 Orlando, FL 32896</b>	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
<input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>	

4.5  
6

<b>Synchrony Bank</b>	Last 4 digits of account number	<b>7311</b>	<b>Unknown</b>
Nonpriority Creditor's Name <b>Attn: Bankruptcy Dept. P.O. Box 965033 Orlando, FL 32896</b>	When was the debt incurred?		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>		

4.5  
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<b>U.S. Bank</b>	Last 4 digits of account number	<b>1629</b>	<b>\$14,686.00</b>
Nonpriority Creditor's Name <b>1850 Osborn Avenue Oshkosh, WI 54902</b>	When was the debt incurred?		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <b>Credit Card</b>		

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

4.5  
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<b>U.S. Bank</b>	Last 4 digits of account number	<b>2979</b>	<b>\$9,175.40</b>
Nonpriority Creditor's Name <b>P.O. Box 108</b> <b>Saint Louis, MO 63166</b>	When was the debt incurred? _____		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply		
Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another		
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Credit Card</b>		
<input type="checkbox"/> Yes			

4.5  
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<b>U.S. Bank Cardmember Services</b>	Last 4 digits of account number	<b>Unknown</b>
Nonpriority Creditor's Name <b>P.O. Box 6352</b> <b>Fargo, ND 58125</b>	When was the debt incurred? _____	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another	
<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Other. Specify <b>Credit Card</b>	
<input type="checkbox"/> Yes		

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**AES**  
**Bankruptcy Dept**  
**PO Box 65093**  
**Baltimore, MD 21264**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.2** of (Check one):       Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address

**AES**  
**Bankruptcy Dept**  
**PO Box 2461**  
**Harrisburg, PA 17105**

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.2** of (Check one):       Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address

**AES/NCT**  
**ATTN: Bankruptcy**  
**PO Box 61047**  
**Harrisburg, PA 17106**

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.2** of (Check one):       Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

Name and Address <b>Akron Children's Hospital</b> <b>215 W. Bowery Street</b> <b>Akron, OH 44308</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.1</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>Akron Children's Hospital</b> <b>ATTN: Bankruptcy</b> <b>214 West Bowery Street</b> <b>Akron, OH 44308</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.1</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>Akron Children's Hospital</b> <b>One Perkins Square</b> <b>Akron, OH 44308</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.1</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>Allied Interstate</b> <b>P.O. Box 1954</b> <b>Southgate, MI 48195</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.51</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>Allied Interstate</b> <b>P.O. Box 361445</b> <b>Columbus, OH 43236</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.51</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>Allied Interstate</b> <b>ATTN: Bankruptcy</b> <b>PO Box 981</b> <b>Minneapolis, MN 55440</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.51</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>Allied Interstate</b> <b>ATTN: Bankruptcy</b> <b>PO Box 1954</b> <b>Southgate, MI 48195</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.51</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>Allied Interstate</b> <b>3000 Corporate Exchange Dr., 5th Fl</b> <b>Columbus, OH 43231</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.51</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>Allied Interstate LLC</b> <b>P.O. Box 4000</b> <b>Warrenton, VA 20188</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.51</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>AllTran Financial</b> <b>PO Box 610</b> <b>Sauk Rapids, MN 56379</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.32</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>Alltran Financial LP</b> <b>P.O. Box 722910</b> <b>Houston, TX 77272</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.32</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

Name and Address <b>Alltran Financial LP</b> <b>p.o. bOX 4044</b> <b>Concord, CA 94524</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.32</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>Alltran Financial LP</b> <b>fka United Recovery Systems</b> <b>500 North Course Drive</b> <b>Houston, TX 77072</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.32</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>Alltran Financial, LP</b> <b>ATTN: Bankruptcy</b> <b>PO Box 722929</b> <b>Houston, TX 77272</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.32</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>American Express</b> <b>ATTN: Bankruptcy</b> <b>PO Box 981537</b> <b>EI Paso, TX 79998</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.3</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>American Express</b> <b>P.O. Box 981535</b> <b>EI Paso, TX 79998</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.3</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>American Express</b> <b>P.O. Box 31525</b> <b>Salt Lake City, UT 84131</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.3</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>American Express</b> <b>P.O. Box 1270</b> <b>Newark, NJ 07101</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.3</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>American Express</b> <b>ATTN: Bankruptcy</b> <b>PO Box 981537</b> <b>EI Paso, TX 79998</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.3</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>American Express</b> <b>P.O. Box 1270</b> <b>Newark, NJ 07101</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.4</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>American Express</b> <b>P.O. Box 981535</b> <b>EI Paso, TX 79998</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.4</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	
Name and Address <b>Bank of America</b> <b>7105 Corporate Drive</b> <b>Plano, TX 75024</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.6</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number _____	

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

Name and Address <b>Bank of America</b> <b>P.O. Box 15019</b> <b>Wilmington, DE 19850</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.6</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address <b>Bank of America</b> <b>ATTN: Bankruptcy</b> <b>P.O. Box 982234</b> <b>El Paso, TX 79998</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.6</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address <b>Bank of America, NA</b> <b>ATTN: Bankruptcy</b> <b>655 Papermill Road</b> <b>Newark, DE 19711</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.6</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address <b>Barclays Bank Delaware</b> <b>ATTN: Bankruptcy</b> <b>PO Box 8803</b> <b>Wilmington, DE 19899</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.11</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address <b>Barclays Bank Delaware</b> <b>ATTN: Bankruptcy</b> <b>400 White Clay Center Drive</b> <b>Newark, DE 19711</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.11</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address <b>Best Buy</b> <b>P.O. Box 790441</b> <b>Saint Louis, MO 63179</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.12</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address <b>Best Buy Credit Services</b> <b>P.O. Box 688911</b> <b>Des Moines, IA 50368</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.12</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address <b>Best Buy Credit Services</b> <b>P.O. Box 9001007</b> <b>Louisville, KY 40290</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.12</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address <b>Calvary Portfolio</b> <b>500 Summit Lake Drive #400</b> <b>Valhalla, NY 10595</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.54</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address <b>Capital One</b> <b>ATTN: Bankruptcy</b> <b>PO Box 30281</b> <b>Salt Lake City, UT 84130</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.14</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims <input checked="" type="checkbox"/> Part 2: Creditors with Nonpriority Unsecured Claims
Last 4 digits of account number	
Name and Address <b>Capital One</b> <b>P.O. Box 30253</b>	On which entry in Part 1 or Part 2 did you list the original creditor? Line <b>4.14</b> of (Check one): <input type="checkbox"/> Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

**Salt Lake City, UT 84130**

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Capital One**  
**ATTN: Bankruptcy**  
**PO Box 54529**  
**Oklahoma City, OK 73154**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address

**Capital One**  
**P.O. Box 30285**  
**Salt Lake City, UT 84130**

Last 4 digits of account number

Name and Address

**Capital One**  
**15000 Capital One Drive**  
**Henrico, VA 23238**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address

**Capital One**  
**ATTN: Bankruptcy**  
**15000 Capital One Dr**  
**Richmond, VA 23238**

Last 4 digits of account number

Name and Address

**Capital One**  
**P.O. Box 6492**  
**Carol Stream, IL 60197**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address

**Capital One**  
**P.O. Box 6492**  
**Carol Stream, IL 60197**

Last 4 digits of account number

Name and Address

**Capital One**  
**P.O. Box 6492**  
**Carol Stream, IL 60197**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.14** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address

**Capital One**  
**15000 Capital One Drive**  
**Henrico, VA 23238**

Last 4 digits of account number

Name and Address

**Capital One**  
**ATTN: Bankruptcy**  
**PO Box 30281**  
**Salt Lake City, UT 84130**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.15** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address

**Capital One**  
**ATTN: Bankruptcy**  
**15000 Capital One Dr**  
**Richmond, VA 23238**

Last 4 digits of account number

Name and Address

**Capital One**  
**ATTN: Bankruptcy**  
**PO Box 54529**  
**Oklahoma City, OK 73154**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.15** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

**Capital One**  
**ATTN: Bankruptcy**  
**PO Box 30253**  
**Salt Lake City, UT 84130**

Line **4.15** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Capital One**  
**ATTN: Bankruptcy**  
**PO Box 54529**  
**Oklahoma City, OK 73154**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.15** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Capital One**  
**P.O. Box 6492**  
**Carol Stream, IL 60197**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Capital One**  
**P.O. Box 30253**  
**Salt Lake City, UT 84130**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Capital One**  
**15000 Capital One Drive**  
**Henrico, VA 23238**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Capital One**  
**ATTN: Bankruptcy**  
**PO Box 30253**  
**Salt Lake City, UT 84130**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Capital One**  
**ATTN: Bankruptcy**  
**15000 Capital One Dr**  
**Richmond, VA 23238**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Capital One Bank**  
**ATTN: Bankruptcy**  
**15000 Capital One Drive**  
**Henrico, VA 23238**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Capital One Bank USA NA**  
**ATTN: Bankruptcy**  
**4851 Cox Road**  
**Glen Allen, VA 23060**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.16** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Carson Smithfield LLC**  
**ATTN: Bankruptcy**  
**220 West Station Square Dr., 4th Fl**  
**Pittsburgh, PA 15219**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.31** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Carson Smithfield LLC**  
**ATTN: Bankruptcy**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.31** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

**PO Box 9216  
 Old Bethpage, NY 11804**

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Cavalry Portfolio Services LLC  
 ATTN: Bankruptcy Dept.  
 100 Cross Street #202  
 San Luis Obispo, CA 93401**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.54** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Cavalry Portfolio Services LLC  
 P.O. Box 27288  
 Tempe, AZ 85285**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.54** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Cavalry Portfolio Services LLC  
 P.O. Box 520  
 Valhalla, NY 10595**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.54** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Cavalry SPV 1, LLC  
 P.O. Box 1030  
 Hawthorne, NY 10532**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.54** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Cavalry SPV 1, LLC  
 500 Summit Lake Drive, Suite 400  
 Valhalla, NY 10595**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.54** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Chase  
 ATTN: BANKRUPTCY  
 P.O. Box 15298  
 Wilmington, DE 19850**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.17** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Chase  
 CARDMEMBER sERVICES  
 P.O. Box 6294  
 Carol Stream, IL 60197**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.17** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Chase  
 P.O. Box 15298  
 Wilmington, DE 19850**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.17** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Chase  
 P.O. Box 15123  
 Wilmington, DE 19850**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.17** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Chase  
 P.O. Box 15299  
 Wilmington, DE 19850**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.17** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Citi Cards**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.20** of (Check one):  Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

**6716 Grade Lane  
 Building 9, Suite 910  
 Louisville, KY 40213**

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Citi Cards  
 ATTN: Bankruptcy  
 399 Park Avenue  
 New York, NY 10022**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.20** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Citi Cards  
 ATTN: Bankruptcy  
 P.O. Box 6004  
 Sioux Falls, SD 57117**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.20** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Citi Cards  
 ATTN: Bankruptcy/IRU Dept  
 PO Box 790034  
 Saint Louis, MO 63179**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.20** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Citi Cards  
 P.O. Box 6497  
 Sioux Falls, SD 57117**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.20** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Citi Cards  
 P.O. Box 9001037  
 Louisville, KY 40290**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.20** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Citi Cards  
 ATTN: Bankruptcy/IRU Dept  
 PO Box 790034  
 Saint Louis, MO 63179**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.21** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Citi Cards  
 ATTN: Bankruptcy  
 P.O. Box 6004  
 Sioux Falls, SD 57117**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.21** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Citi Cards  
 P.O. Box 9001037  
 Louisville, KY 40290**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.21** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Citi Cards  
 ATTN: Bankruptcy  
 399 Park Avenue  
 New York, NY 10022**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.21** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Citi Cards  
 6716 Grade Lane  
 Building 9, Suite 910**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.21** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

**Louisville, KY 40213**

Last 4 digits of account number

Name and Address

**Citi Cards**  
**ATTN: Bankruptcy**  
**399 Park Avenue**  
**New York, NY 10022**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.22** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Citi Cards**  
**P.O. Box 9001037**  
**Louisville, KY 40290**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.22** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Citi Cards**  
**6716 Grade Lane**  
**Building 9, Suite 910**  
**Louisville, KY 40213**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.22** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Client Services, Inc.**  
**3451 Harry Truman Blvd.**  
**Saint Charles, MO 63301**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.33** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Client Services, Inc.**  
**3451 Harry S. Truman Blvd.**  
**Saint Charles, MO 63301**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.33** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Comenity Bank/Ultia**  
**ATTN: Bankruptcy**  
**PO Box 183003**  
**Columbus, OH 43218**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.24** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Comenity Bank/Ultia**  
**P.O. Box 659820**  
**San Antonio, TX 78265**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.24** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Credit One Bank**  
**ATTN: Bankruptcy**  
**PO Box 98875**  
**Las Vegas, NV 89193**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.25** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Credit One Bank**  
**ATTN: Bankruptcy**  
**PO Box 98872**  
**Las Vegas, NV 89193**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.25** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Credit One Bank N.A.**  
**P.O. Box 60500**  
**City of Industry, CA 91716**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.25** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

**Credit One Bank N.A.**  
**P.O. Box 98873**  
**Las Vegas, NV 89193**

Line **4.25** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Discover**  
**P.O. Box 15316**  
**Wilmington, DE 19850**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.28** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Discover**  
**P.O. Box 742655**  
**Cincinnati, OH 45274**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.28** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Discover**  
**ATTN: Bankruptcy Department**  
**P.O. Box 15316**  
**Wilmington, DE 19850**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.28** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Discover**  
**P.O. Box 15316**  
**Wilmington, DE 19850**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.28** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Discover Bank**  
**c/o DB Servicing Corporation**  
**PO Box 3025**  
**New Albany, OH 43054**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.28** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Discover Card**  
**ATTN: Bankruptcy**  
**PO Box 30421**  
**Salt Lake City, UT 84130**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.28** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Discover Fin Services LLC**  
**ATTN: Bankruptcy**  
**6500 New Albany Road East**  
**New Albany, OH 43054**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.28** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**EGS Financial Care**  
**ATTN: Bankruptcy**  
**PO Box 1020, Dept #806**  
**Horsham, PA 19044**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.27** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**EGS Financial Care, Inc.**  
**4740 Baxter Road**  
**Virginia Beach, VA 23462**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.27** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Ember Financial Services**  
**ATTN: Bankruptcy**  
**PO Box 660676**  
**Dallas, TX 75266**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.31** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

Last 4 digits of account number

Name and Address

**Ember Financial Services**  
**ATTN: Bankruptcy**  
**PO Box 9201**  
**Old Bethpage, NY 11804**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.31** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Fidelity Collections**  
**P.O. Box 2055**  
**Alliance, OH 44601**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.30** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Fidelity National Collections**  
**P.O. Box 2055**  
**Alliance, OH 44601**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.30** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Fidelity National Collections**  
**ATTN: Bankruptcy**  
**885 S Sawburg Avenue, Suite #103**  
**Alliance, OH 44601**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.30** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Fidelity Properties**  
**ATTN: Bankruptcy**  
**885 S Sawburg Avenue, Suite #103**  
**Alliance, OH 44601**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.30** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**FMA Alliance Ltd**  
**12339 Cutten Road**  
**Houston, TX 77066**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.48** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**FMA Alliance Ltd**  
**ATTN: Bankruptcy**  
**Dept #287**  
**PO Box 4115**  
**Concord, CA 94524**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.57** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**FMA Alliance Ltd**  
**12339 Cutten Road**  
**Houston, TX 77066**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.57** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**FMA Alliance Dept**  
**ATTN: Bankruptcy Dept**  
**PO Box 2409**  
**Houston, TX 77252**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.57** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**FMA Alliance Ltd**  
**ATTN: Bankruptcy Dept**  
**PO Box 2409**  
**Houston, TX 77252**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.58** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

Name and Address  
**FMA Alliance Ltd**  
**12339 Cutten Road**  
**Houston, TX 77066**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line **4.58** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**FMA Alliance Ltd**  
**ATTN: Bankruptcy**  
**Dept #287**  
**PO Box 4115**  
**Concord, CA 94524**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line **4.58** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Genesis Bankcard**  
**P.O. Box 4480**  
**Beaverton, OR 97076**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line **4.37** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Genesis Bankcard**  
**P.O. Box 23039**  
**Columbus, GA 31902**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line **4.37** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Global Credit & Collections**  
**5440 N. Cumberland Ave., Ste 300**  
**Chicago, IL 60656**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line **4.26** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Global Credit & Collections**  
**P.O. Box 129**  
**Linden, MI 48451**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line **4.26** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Global Credit & Collections**  
**ATTN: Bankruptcy**  
**5440 N. Cumberland Ave., Ste 300**  
**Chicago, IL 60656**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line **4.27** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Great Lakes Higher Education**  
**ATTN: Bankruptcy**  
**PO Box 7860**  
**Madison, WI 53707**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line **4.44** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**IRS**  
**c/o US Atty. General**  
**US Dept of Justice & 10th Street NW**  
**Room #5111**  
**Washington, DC 20530**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line **2.1** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**IRS**  
**ATTN: Bankruptcy**  
**1240 East 9th Street, Room #493**  
**Cleveland, OH 44199**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line **2.1** of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**IRS**

On which entry in Part 1 or Part 2 did you list the original creditor?  
 Line **2.1** of (Check one):

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

**c/o US Atty's Office ND of Ohio**  
**801 West Superior Avenue #400**  
**Cleveland, OH 44113**

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Jefferson Capital**  
**ATTN: Bankruptcy Dept.**  
**PO Box 7999**  
**Saint Cloud, MN 56302**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.33** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address  
**Jefferson Capital Systems**  
**c/o First National Collection Burea**  
**610 Waltham Way**  
**Sparks, NV 89434**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.33** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Jefferson Capital Systems**  
**c/o First National Collection Burea**  
**610 Waltham Way**  
**Sparks, NV 89434**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.33** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Jefferson Capital Systems**  
**PO Box 772813**  
**Chicago, IL 60677**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.33** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Jefferson Capital Systems, LLC**  
**16 McLeland Road**  
**Saint Cloud, MN 56303**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.33** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Levy & Associates**  
**4645 Executive Drive**  
**Columbus, OH 43220**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.9** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Levy & Associates**  
**4645 Executive Drive**  
**Columbus, OH 43220**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.10** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Lloyd & McDaniel PLC**  
**ATTN: Bankruptcy**  
**PO Box 23200**  
**Louisville, KY 40223**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Lloyd & McDaniel PLC**  
**ATTN: Bankruptcy**  
**11405 Park Road #200**  
**Louisville, KY 40223**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.6** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Lloyd & McDaniel PLC**  
**ATTN: Bankruptcy**  
**PO Box 23200**  
**Louisville, KY 40223**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.7** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

Last 4 digits of account number

Name and Address  
**Lloyd & McDaniel PLC**  
**ATTN: Bankruptcy**  
**11405 Park Road #200**  
**Louisville, KY 40223**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.7** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address  
**Loan Builder/Swift Financial LLC**  
**ATTN: Bankruptcy**  
**2211 North First Street**  
**San Jose, CA 95131**

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.41** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address  
**Loan Builder/Swift Financial LLC**  
**c/o CT Corporation Systems**  
**4400 Easton Commons Way #125**  
**Columbus, OH 43219**

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.41** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address  
**Macy's**  
**P.O. Box 78008**  
**Phoenix, AZ 85062**

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.42** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address  
**Macy's**  
**Bankruptcy Processing**  
**P.O. Box 8053**  
**Mason, OH 45040**

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.42** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address  
**Macy's**  
**P.O. Box 183084**  
**Columbus, OH 43218**

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.42** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address  
**Macy's**  
**P.O. Box 8058**  
**Mason, OH 45040**

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.42** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address  
**Macy's American Express**  
**ATTN: Bankruptcy**  
**PO Box 8097**  
**Mason, OH 45040**

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.42** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address  
**Macy's American Express**  
**P.O. Box 9001108**  
**Louisville, KY 40290**

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.42** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address  
**Mercy Health**  
**ATTN: Bankruptcy**  
**Duke Drive #400**  
**Mason, OH 45040**

Last 4 digits of account number

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.39** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

**Merrick Bank**  
**ATTN: Bankruptcy**  
**10705 S. Jordan Gateway #200**  
**South Jordan, UT 84095**

Line **4.43** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Merrick Bank**  
**ATTN: Bankruptcy**  
**PO Box 9201**  
**Old Bethpage, NY 11804**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.43** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Merrick Bank**  
**ATTN: Bankruptcy**  
**PO Box 660702**  
**Dallas, TX 75266**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.43** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**National Enterprise Systems**  
**29125 Solon Road**  
**Solon, OH 44139**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.8** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**National Enterprise Systems**  
**ATTN: Bankruptcy**  
**PO Box 1280**  
**Oaks, PA 19456**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.8** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**National Enterprise Systems**  
**ATTN: Bankruptcy**  
**2479 Edison Blvd, Unit A**  
**Twinsburg, OH 44087**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.8** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Navient Solutions**  
**ATTN: Bankruptcy**  
**123 S. Justison Street**  
**Wilmington, DE 19801**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.44** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**North American Credit Services**  
**ATTN: Bankruptcy**  
**PO Box 182221**  
**Chattanooga, TN 37422**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.39** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**North American Credit Services**  
**ATTN: Bankruptcy**  
**2810 Walker Road**  
**Chattanooga, TN 37421**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.39** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**North American Credit Services**  
**ATTN: Bankruptcy**  
**PO Box 182221**  
**Chattanooga, TN 37422**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.40** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

**North American Credit Services**  
**ATTN: Bankruptcy**  
**2810 Walker Road**  
**Chattanooga, TN 37421**

Line **4.40** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**PayPal Credit**  
**P.O. Box 105658**  
**Atlanta, GA 30348**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.45** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**PayPal Credit**  
**P.O. Box 960080**  
**Orlando, FL 32896**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.45** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**PayPal Credit**  
**PO Box 5138**  
**Lutherville Timonium, MD 21094**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.45** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**PayPal Credit**  
**PO Box 105658**  
**Atlanta, GA 30348**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.45** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Pep Boy's/SYNCB**  
**ATTN: Bankruptcy**  
**PO Box 965035**  
**Orlando, FL 32896**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.51** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Pep Boy's/SYNCB**  
**ATTN: Bankruptcy**  
**PO Box 960061**  
**Orlando, FL 32896**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.51** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Portfolio Recovery Assoc. LLC**  
**ATTN: Bankruptcy**  
**PO Box 41067**  
**Norfolk, VA 23541**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.46** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Portfolio Recovery Assoc. LLC**  
**ATTN: Bankruptcy Dept.**  
**120 Corporate Blvd., Suite #100**  
**Norfolk, VA 23502**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.46** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Portfolio Recovery Assoc. LLC**  
**P.O. Box 12914**  
**Norfolk, VA 23541**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.46** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Portfolio Recovery Assoc. LLC**  
**ATTN: Bankruptcy Dept.**  
**120 Corporate Blvd., Suite #100**  
**Norfolk, VA 23502**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.46** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

Last 4 digits of account number

Name and Address

**Portfolio Recovery Assoc. LLC**  
**ATTN: Bankruptcy**  
**PO Box 12914**  
**Norfolk, VA 23541**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.59** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Portfolio Recovery Assoc. LLC**  
**ATTN: Bankruptcy**  
**140 Corporate Blvd.**  
**Norfolk, VA 23502**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.59** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Portfolio Recovery Assoc. LLC**  
**ATTN: Bankruptcy Dept.**  
**120 Corporate Blvd., Suite #100**  
**Norfolk, VA 23502**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.57** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Portfolio Recovery Assoc. LLC**  
**ATTN: Bankruptcy**  
**PO Box 41067**  
**Norfolk, VA 23541**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.57** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Portfolio Recovery Assoc. LLC**  
**ATTN: Bankruptcy**  
**120 Corporate Blvd.**  
**Norfolk, VA 23502**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.57** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Portfolio Recovery Associates**  
**ATTN: Bankruptcy Dept.**  
**140 Corporate Blvd**  
**Norfolk, VA 23502**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.46** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Portfolio Recovery Associates**  
**ATTN: Bankruptcy Dept.**  
**PO Box 12914**  
**Norfolk, VA 23541**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.46** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Portfolio Recovery Associates**  
**ATTN: Bankruptcy Dept.**  
**140 Corporate Blvd**  
**Norfolk, VA 23502**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.59** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Portfolio Recovery Associates**  
**ATTN: Bankruptcy Dept.**  
**140 Corporate Blvd**  
**Norfolk, VA 23502**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.57** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Portfolio Recovery Associates, LLC**  
**P.O. Box 4115**  
**Concord, CA 94524**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.57** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

Last 4 digits of account number

Name and Address

**Portfolio Recovery Associates, LLC**  
**P.O. Box 41067**  
**Norfolk, VA 23541**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.57** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Radius Global Solutions LLC**  
**ATTN: Bankruptcy**  
**PO Box 390905**  
**Minneapolis, MN 55439**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.21** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Sears Credit Cards**  
**ATTN: Bankruptcy**  
**PO Box 6282**  
**Sioux Falls, SD 57117**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.49** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Sears/CBNA**  
**P.O. Box 6283**  
**Sioux Falls, SD 57117**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.49** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Sears/CBNA**  
**P.O. Box 6217**  
**Sioux Falls, SD 57117**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.49** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Sears/CBNA**  
**133200 Smith Road**  
**Cleveland, OH 44130**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.49** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**St. Elizabeth /Mercy Health**  
**ATTN: Bankruptcy Department**  
**1044 Belmont Avenue**  
**Youngstown, OH 44504**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.39** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**St. Elizabeth/Mercy Health**  
**P.O. Box 630826**  
**Cincinnati, OH 45263**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.40** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**SYNCB**  
**ATTN: Bankruptcy**  
**PO Box 965060**  
**Orlando, FL 32896**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.26** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**SYNCB/Ashley Homestore**  
**ATTN: Bankruptcy**  
**PO Box 965060**  
**Orlando, FL 32896**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.5** of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**SYNCB/Dick's Sporting Goods**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.26** of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

**ATTN: Bankruptcy**  
**PO Box 965005**  
**Orlando, FL 32896**

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**SYNCB/Dick's Sporting Goods**  
**P.O. Box 960012**  
**Orlando, FL 32896**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.26** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**SYNCB/Dick's Sporting Goods**  
**ATTN: Bankruptcy**  
**PO Box 965005**  
**Orlando, FL 32896**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.27** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**SYNCB/Dick's Sporting Goods**  
**P.O. Box 960012**  
**Orlando, FL 32896**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.27** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**SYNCB/Pep Boys**  
**ATTN: Bankruptcy**  
**PO Box 965037**  
**Orlando, FL 32896**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.51** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**SYNCB/Toys R Us**  
**P.O. Box 965013**  
**Orlando, FL 32896**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.55** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**SYNCB/Toys R Us**  
**P.O. Box 965016**  
**Orlando, FL 32896-5016**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.55** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**SYNCB/Toys R Us**  
**Bankruptcy Department**  
**P.O. Box 965060**  
**Orlando, FL 32896**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.55** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address  
**Ulta/Comenity Bank**  
**ATTN: Bankruptcy**  
**PO Box 183043**  
**Columbus, OH 43218**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.24** of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	Total Claim	
		6a.	\$ <b>0.00</b>
	6b. Taxes and certain other debts you owe the government	6b.	\$ <b>10,564.30</b>
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ <b>0.00</b>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ <b>0.00</b>

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

Total  
claims  
from Part 2

6e. **Total Priority.** Add lines 6a through 6d.

6e. \$ **10,564.30**

6f. **Student loans**

6f. **Total Claim**  
\$ **81,225.34**

6g. **Obligations arising out of a separation agreement or divorce that you did not report as priority claims**  
 6h. **Debts to pension or profit-sharing plans, and other similar debts**  
 6i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.

6g. \$ **0.00**  
 6h. \$ **0.00**  
 6i. \$ **230,190.10**

6j. **Total Nonpriority.** Add lines 6f through 6i.

6j. \$ **311,415.44**

Fill in this information to identify your case:

Debtor 1	<b>Andrew James Garchar</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Tammy Noel Feo-Garchar</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF OHIO		
Case number (if known)			

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Nissan Motor Acceptance Corp Attn: Bankruptcy PO Box 660360 Dallas, TX 75266	2018 Nissan Sentra (jointly leased) for 36 months No equity Current Mileage 98,082 Lease Expires 10/2021 Lease Balance as of 03/2019 is \$18,221.30

## Fill in this information to identify your case:

Debtor 1	<b>Andrew James Garchar</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Tammy Noel Feo-Garchar</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF OHIO</b>			
Case number (if known) _____			

Check if this is an amended filing

## Official Form 106H

### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

**1. Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

**2. Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

**3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

**Column 1: Your codebtor**

Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.1

Name \_\_\_\_\_

Number  
City

Street

State

ZIP Code

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

3.2

Name \_\_\_\_\_

Number  
City

Street

State

ZIP Code

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<b>Andrew James Garchar</b>
Debtor 2 (Spouse, if filing)	<b>Tammy Noel Feo-Garchar</b>
United States Bankruptcy Court for the:	<b>NORTHERN DISTRICT OF OHIO</b>
Case number (If known)	

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	<b>Educator / Occupational Therapy</b>	<b>Case Manager</b>
Employer's name	<b>Trumbull Education Serv / OT Plus Ltd</b>	
Employer's address		

How long employed there? **25 years** **6 weeks**

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <b>5,055.92</b>	\$ <b>2,293.20</b>
3. Estimate and list monthly overtime pay.	3. +\$ <b>0.00</b>	+\$ <b>0.00</b>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <b>5,055.92</b>	\$ <b>2,293.20</b>

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

	For Debtor 1	For Debtor 2 or non-filing spouse
4.	\$ <u>5,055.92</u>	\$ <u>2,293.20</u>

Copy line 4 here \_\_\_\_\_

## 5. List all payroll deductions:

5a. **Tax, Medicare, and Social Security deductions**  
 5b. **Mandatory contributions for retirement plans**  
 5c. **Voluntary contributions for retirement plans**  
 5d. **Required repayments of retirement fund loans**  
 5e. **Insurance**  
 5f. **Domestic support obligations**  
 5g. **Union dues**  
 5h. **Other deductions.** Specify: Life Insurance

5a.	\$ <u>870.00</u>	\$ <u>456.67</u>
5b.	\$ <u>707.82</u>	\$ <u>0.00</u>
5c.	\$ <u>0.00</u>	\$ <u>0.00</u>
5d.	\$ <u>0.00</u>	\$ <u>0.00</u>
5e.	\$ <u>173.40</u>	\$ <u>0.00</u>
5f.	\$ <u>0.00</u>	\$ <u>0.00</u>
5g.	\$ <u>96.00</u>	\$ <u>0.00</u>
5h.+	\$ <u>106.00</u>	+ \$ <u>0.00</u>

6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.

6. style="text-align: right;">\$ 1,953.22

7. Calculate total monthly take-home pay. Subtract line 6 from line 4.

7. style="text-align: right;">\$ 3,102.70

## 8. List all other income regularly received:

8a. **Net income from rental property and from operating a business, profession, or farm**

Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.

8a. style="text-align: right;">\$ 2,812.008b. style="text-align: right;">\$ 0.008b. **Interest and dividends**8c. **Family support payments that you, a non-filing spouse, or a dependent regularly receive**

Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.

8c. style="text-align: right;">\$ 0.008d. **Unemployment compensation**8e. **Social Security**8d. style="text-align: right;">\$ 0.008e. style="text-align: right;">\$ 0.008f. **Other government assistance that you regularly receive**

Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.

Specify:

8f. style="text-align: right;">\$ 0.008g. **Pension or retirement income**8h. **Other monthly income.** Specify:8g. style="text-align: right;">\$ 0.008h.+ style="text-align: right;">\$ 0.00 + \$ 0.00

9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.

9. style="text-align: right;">\$ 2,812.00

10. Calculate monthly income. Add line 7 + line 9.

10. style="text-align: right;">\$ 5,914.70 + \$ 1,836.53 = \$ 7,751.23

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

11. State all other regular contributions to the expenses that you list in **Schedule J**.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in **Schedule J**.

Specify: \_\_\_\_\_

11. +\$ 0.00

## 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the *Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data*, if it applies

12. style="text-align: right;">\$ 7,751.23

Combined monthly income

## 13. Do you expect an increase or decrease within the year after you file this form?

No.

Yes. Explain: Debtor Wife started a job on or about 04/15/19. She makes \$13.50 per hour and works approximately 40 hours per week.

Fill in this information to identify your case:

Debtor 1	<b>Andrew James Garchar</b>
Debtor 2	<b>Tammy Noel Feo-Garchar</b>
(Spouse, if filing)	
United States Bankruptcy Court for the:	<b>NORTHERN DISTRICT OF OHIO</b>
Case number (If known)	

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Is this a joint case?

No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

##### 2. Do you have dependents? No

Do not list Debtor 1 and  
Debtor 2.

Yes.

Fill out this information for  
each dependent.....

Dependent's relationship to  
Debtor 1 or Debtor 2

Dependent's  
age

Does dependent  
live with you?

**Son**

**14**

No

Yes

No

Yes

No

Yes

No

Yes

**Son**

**17**

**Daughter**

**18**

##### 3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know  
the value of such assistance and have included it on Schedule I: Your Income  
(Official Form 106I.)

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

<b>Your expenses</b>	
4. \$	<b>1,593.00</b>

##### If not included in line 4:

4a. Real estate taxes  
 4b. Property, homeowner's, or renter's insurance  
 4c. Home maintenance, repair, and upkeep expenses  
 4d. Homeowner's association or condominium dues  
 5. Additional mortgage payments for your residence, such as home equity loans

4a. \$	<b>0.00</b>
4b. \$	<b>100.00</b>
4c. \$	<b>100.00</b>
4d. \$	<b>0.00</b>
5. \$	<b>0.00</b>

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

**6. Utilities:**

6a. Electricity, heat, natural gas	6a. \$ <b>250.00</b>
6b. Water, sewer, garbage collection	6b. \$ <b>70.00</b>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <b>582.00</b>
6d. Other. Specify: _____	6d. \$ <b>0.00</b>

**7. Food and housekeeping supplies****8. Childcare and children's education costs****9. Clothing, laundry, and dry cleaning****10. Personal care products and services****11. Medical and dental expenses****12. Transportation.** Include gas, maintenance, bus or train fare.

Do not include car payments.

**13. Entertainment, clubs, recreation, newspapers, magazines, and books****14. Charitable contributions and religious donations****15. Insurance.**

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance	15a. \$ <b>0.00</b>
15b. Health insurance	15b. \$ <b>0.00</b>
15c. Vehicle insurance	15c. \$ <b>419.12</b>
15d. Other insurance. Specify: _____	15d. \$ <b>0.00</b>

**16. Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.

Specify: \_\_\_\_\_

16. \$ **0.00****17. Installment or lease payments:**

17a. Car payments for Vehicle 1	17a. \$ <b>580.00</b>
17b. Car payments for Vehicle 2	17b. \$ <b>393.05</b>
17c. Other. Specify: <b>2018 Nissan Lease</b>	17c. \$ <b>262.18</b>
17d. Other. Specify: <b>St. Nicholas School</b>	17d. \$ <b>150.00</b>

**18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).****19. Other payments you make to support others who do not live with you.**

Specify: \_\_\_\_\_

19. \$ **0.00****20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**

20a. Mortgages on other property	20a. \$ <b>0.00</b>
20b. Real estate taxes	20b. \$ <b>0.00</b>
20c. Property, homeowner's, or renter's insurance	20c. \$ <b>0.00</b>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <b>0.00</b>
20e. Homeowner's association or condominium dues	20e. \$ <b>0.00</b>

**21. Other:** Specify: \_\_\_\_\_21. +\$ **0.00****22. Calculate your monthly expenses**

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

\$ <b>6,064.35</b>
\$ <b>1,425.00</b>
\$ <b>7,489.35</b>

**23. Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from Schedule I.

23b. Copy your monthly expenses from line 22c above.

23a. \$ <b>7,751.23</b>
23b. -\$ <b>7,489.35</b>

23c. Subtract your monthly expenses from your monthly income.  
The result is your monthly net income.

23c. \$ <b>261.88</b>
-----------------------

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

 No. Yes.

Explain here: \_\_\_\_\_

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<b>Andrew James Garchar</b>
Debtor 2	<b>Tammy Noel Feo-Garchar</b>
(Spouse, if filing)	
United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF OHIO</b>	
Case number (If known)	_____

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY



## Official Form 106J-2

### Schedule J-2: Your Expenses for Separate Household of Debtor 2

12/15

Use this form for Debtor 2's separate household expenses ONLY IF Debtor 1 and Debtor 2 maintain separate households. If Debtor 1 and Debtor 2 have one or more dependents in common, list the dependents on both Schedule J and this form. Answer the questions on this form only with respect to expenses for Debtor 2 that are not reported on Schedule J. Be as complete and accurate as possible. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Do you and Debtor 1 maintain separate households?

No. Do not complete this form.  
 Yes

##### 2. Do you have dependents? No

Do not list Debtor 1 but list all other dependents of Debtor 2 regardless of whether listed as a dependent of Debtor 1 on Schedule J.

Do not state the dependents names.

Fill out this information for each dependent.....

Dependent's relationship to Debtor 2

Dependent's age

Does dependent live with you?

<b>Son</b>	<b>14</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes
<b>Son</b>	<b>17</b>	
<b>Daughter</b>	<b>18</b>	

##### 3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

Your expenses

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **500.00**

If not included in line 4:

4a. Real estate taxes  
 4b. Property, homeowner's, or renter's insurance

4a. \$ **0.00**  
 4b. \$ **0.00**

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

4c. Home maintenance, repair, and upkeep expenses	4c. \$ <b>50.00</b>
4d. Homeowner's association or condominium dues	4d. \$ <b>0.00</b>
<b>5. Additional mortgage payments for your residence</b> , such as home equity loans	5. \$ <b>0.00</b>
<b>6. Utilities:</b>	
6a. Electricity, heat, natural gas	6a. \$ <b>150.00</b>
6b. Water, sewer, garbage collection	6b. \$ <b>50.00</b>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <b>50.00</b>
6d. Other. Specify: _____	6d. \$ <b>0.00</b>
<b>7. Food and housekeeping supplies</b>	7. \$ <b>200.00</b>
<b>8. Childcare and children's education costs</b>	8. \$ <b>0.00</b>
<b>9. Clothing, laundry, and dry cleaning</b>	9. \$ <b>75.00</b>
<b>10. Personal care products and services</b>	10. \$ <b>40.00</b>
<b>11. Medical and dental expenses</b>	11. \$ <b>60.00</b>
<b>12. Transportation</b> . Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <b>150.00</b>
<b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ <b>100.00</b>
<b>14. Charitable contributions and religious donations</b>	14. \$ <b>0.00</b>
<b>15. Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <b>0.00</b>
15b. Health insurance	15b. \$ <b>0.00</b>
15c. Vehicle insurance	15c. \$ <b>0.00</b>
15d. Other insurance. Specify: _____	15d. \$ <b>0.00</b>
<b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <b>0.00</b>
<b>17. Installment or lease payments:</b>	17a. \$ <b>0.00</b> 17b. \$ <b>0.00</b> 17c. Other. Specify: _____
<b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$ <b>0.00</b>
<b>19. Other payments you make to support others who do not live with you.</b> Specify: _____	19. \$ <b>0.00</b>
<b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	20a. \$ <b>0.00</b> 20b. \$ <b>0.00</b> 20c. \$ <b>0.00</b> 20d. \$ <b>0.00</b> 20e. Homeowner's association or condominium dues
<b>21. Other:</b> Specify: _____	21. +\$ <b>0.00</b>
<b>22. Your monthly expenses.</b> Add lines 5 through 21. The result is the monthly expenses of Debtor 2. Copy the result to line 22b of Schedule J to calculate the total expenses for Debtor 1 and Debtor 2.	\$ <b>1,425.00</b>
<b>23. Line not used on this form.</b>	
<b>24. Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	
<input checked="" type="checkbox"/> No.	
<input type="checkbox"/> Yes.	Explain here: _____

## Fill in this information to identify your case:

Debtor 1	<b>Andrew James Garchar</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Tammy Noel Feo-Garchar</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF OHIO		
Case number (if known)			

Check if this is an amended filing

## Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.



Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

/s/ Andrew James Garchar

**Andrew James Garchar**  
Signature of Debtor 1

Date 6/11/2019

/s/ Tammy Noel Feo-Garchar

**Tammy Noel Feo-Garchar**  
Signature of Debtor 2

Date 6/11/2019

## Fill in this information to identify your case:

Debtor 1	<b>Andrew James Garchar</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Tammy Noel Feo-Garchar</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF OHIO		
Case number (if known)			

Check if this is an amended filing

**Official Form 107****Statement of Financial Affairs for Individuals Filing for Bankruptcy**

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before****1. What is your current marital status?**

Married  
 Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

<b>Debtor 1 Prior Address:</b>	<b>Dates Debtor 1 lived there</b>	<b>Debtor 2 Prior Address:</b>	<b>Dates Debtor 2 lived there</b>
	From-To:	<input type="checkbox"/> Same as Debtor 1 <b>239 Clingan Road</b> <b>Struthers, OH 44471</b>	<input type="checkbox"/> Same as Debtor 1 <b>12/2018 to 12/2018</b>
	From-To:	<input type="checkbox"/> Same as Debtor 1 <b>44251 State Route 558</b> <b>Columbiana, OH 44408</b>	<input type="checkbox"/> Same as Debtor 1 <b>12/2018 to 06/2019</b>

**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)**

No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

**Part 2 Explain the Sources of Your Income****4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  
 If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No  
 Yes. Fill in the details.

**Debtor 1****Debtor 2**

Debtor 1 **Andrew James Garchar**  
Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

	<b>Debtor 1</b> <b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)	<b>Debtor 2</b> <b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$20,223.68</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$3,069.36</b>
	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<b>\$6,970.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$0.00</b>
<b>For last calendar year: (January 1 to December 31, 2018 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<b>\$101,942.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$0.00</b>
<b>For the calendar year before that: (January 1 to December 31, 2017 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<b>\$51,509.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$0.00</b>

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No  
 Yes. Fill in the details.

<b>Debtor 1</b> <b>Sources of income</b> Describe below.	<b>Gross income from each source</b> (before deductions and exclusions)	<b>Debtor 2</b> <b>Sources of income</b> Describe below.	<b>Gross income</b> (before deductions and exclusions)

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,825\* or more?

No. Go to line 7.  
 Yes. List below each creditor to whom you paid a total of \$6,825\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.  
 Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known)

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
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**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No  
 Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
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**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

No  
 Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
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**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No  
 Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
<b>So-Fi Lending vs. Andrew James Garchar 2017 CV 1332</b>	<b>Civil</b>	<b>Mahoning County Common Pleas 120 Market Street Youngstown, OH 44503</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
			<b>garnishment proceedings</b>
<b>Bank of America NA vs. Andrew James Garchar 2018 CV 761</b>	<b>Civil</b>	<b>Mahoning County Common Pleas 120 Market Street Youngstown, OH 44503</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
			<b>garnishment</b>
<b>Bank of America NA vs. Andrew James Garchar 2017 CVF 422</b>	<b>Civil</b>	<b>Struthers Municipal Court 6 Elm Street Struthers, OH 44471</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
<b>Bank of America NA vs Andrew James Garchar 2018 JD 903</b>	<b>Judgment Lien</b>	<b>Mahoning County Common Pleas 120 Market Street Youngstown, OH 44503</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
<b>Bank of America NA vs Andrew James Garchar 2018 JD 2347</b>	<b>Judgment Lien</b>	<b>Mahoning County Common Pleas 120 Market Street Youngstown, OH 44503</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

Case title Case number	Nature of the case	Court or agency	Status of the case
State of Ohio vs. Tammy N. Feo-Garchar 19 CRA 41, 19 CRA 42(A),(B),(C),(D),(E)	Criminal cases for Complicity/Violation of TPO, Complicity Theft	Struthers Municipal Court 6 Elm Street Struthers, OH 44471	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
<b>Prelim Hearing 05/1/19</b>			
Tammy Noel Feo-Garchar vs. Andrew James Garchar 2018 DR 599	Divorce	Mahoning County Common Pleas 120 Market Street Youngstown, OH 44503	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
So-Fi Lending vs Andrew James Garchar 2018 JD 205	Judgment Lien	Mahoning County Common Pleas 120 Market Street Youngstown, OH 44503	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

No. Go to line 11.  
 Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
	Explain what happened		

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No  
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No  
 Yes

#### Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No  
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No  
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
Church	Cash	2018-2019	\$150.00

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
Goodwill	Clothing, etc.	2018-2019	\$250.00

**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

No  
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.			

**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No  
 Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Daniel Daniluk, LLC 1129 Niles-Cortland Road, SE Warren, OH 44484-2542 jchaney@daniiluklaw.com	Attorney Fees of \$1,000 (plus \$335 filing fee)	04/24/19 - \$247 05/10/19 - \$260 06/10/19 - \$828	\$1,000.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

No  
 Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No  
 Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

No  
 Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	------------------------

**Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No  
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
E*Trade	XXXX-	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input checked="" type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	March 2019 - Debtor Husband sold stock and closed account	\$1,573.96
Struthers Federal Credit Union ATTN: Bankruptcy Dept 808 Poland Avenue Struthers, OH 44471	XXXX-	<input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	The minor child, Rocco, had an account which was closed after the parties filed for divorce.	\$800.00
Struthers Federal Credit Union ATTN: Bankruptcy Dept 808 Poland Avenue Struthers, OH 44471	XXXX-	<input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	The minor child, Andrew, Jr., had an account which was closed after the parties filed for divorce.	\$800.00
Struthers Federal Credit Union ATTN: Bankruptcy Dept 808 Poland Avenue Struthers, OH 44471	XXXX-	<input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	The parties daughter, Gianna, had an account which was closed after the parties filed for divorce.	\$800.00

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No  
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	--	-----------------------	-----------------------

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (*if known*)

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No  
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No  
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
Gianna Garchar 239 Clinghan Road Struthers, OH 44471	Victory Funds PO Box 182593 Columbus, OH 43218	College account with Victory Funds Debtor Tammy Feo-Garchar is the custodian	Unknown
Gianna Garchar 239 Clinghan Road Struthers, OH 44471	Tammy Feo-Garchar	The children have savings bonds given to them by family over the years for birthdays, special occasions and holidays.	\$1,500.00
Andrew Garchar, Jr., a minor 239 Clinghan Road Struthers, OH 44471	Tammy Feo-Garchar	The children have savings bonds given to them by family over the years for birthdays, special occasions and holidays.	\$1,500.00
Rocco Garchar, a minor 239 Clinghan Road Struthers, OH 44471	Tammy Feo-Garchar	The children have savings bonds given to them by family over the years for birthdays, special occasions and holidays.	\$1,500.00

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (*if known*)

**24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?**

**No**  
 **Yes. Fill in the details.**

<b>Name of site</b> <b>Address</b> (Number, Street, City, State and ZIP Code)	<b>Governmental unit</b> <b>Address</b> (Number, Street, City, State and ZIP Code)	<b>Environmental law, if you know it</b>	<b>Date of notice</b>
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**25. Have you notified any governmental unit of any release of hazardous material?**

**No**  
 **Yes. Fill in the details.**

<b>Name of site</b> <b>Address</b> (Number, Street, City, State and ZIP Code)	<b>Governmental unit</b> <b>Address</b> (Number, Street, City, State and ZIP Code)	<b>Environmental law, if you know it</b>	<b>Date of notice</b>
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**26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

**No**  
 **Yes. Fill in the details.**

<b>Case Title</b> <b>Case Number</b>	<b>Court or agency</b> <b>Name</b> <b>Address</b> (Number, Street, City, State and ZIP Code)	<b>Nature of the case</b>	<b>Status of the case</b>
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**Part 11: Give Details About Your Business or Connections to Any Business**

**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
 A member of a limited liability company (LLC) or limited liability partnership (LLP)  
 A partner in a partnership  
 An officer, director, or managing executive of a corporation  
 An owner of at least 5% of the voting or equity securities of a corporation

**No. None of the above applies. Go to Part 12.**

**Yes. Check all that apply above and fill in the details below for each business.**

<b>Business Name</b> <b>Address</b> (Number, Street, City, State and ZIP Code)	<b>Describe the nature of the business</b> <b>Name of accountant or bookkeeper</b>	<b>Employer Identification number</b> <b>Do not include Social Security number or ITIN.</b> <b>Dates business existed</b>
--	---	---

**28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.**

**No**  
 **Yes. Fill in the details below.**

<b>Name</b> <b>Address</b> (Number, Street, City, State and ZIP Code)	<b>Date Issued</b>
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Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (*if known*) \_\_\_\_\_

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

*/s/ Andrew James Garchar*

Andrew James Garchar  
 Signature of Debtor 1

Date 6/11/2019

*/s/ Tammy Noel Feo-Garchar*

Tammy Noel Feo-Garchar  
 Signature of Debtor 2

Date 6/11/2019

**Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?**

No  
 Yes

**Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?**

No  
 Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

## Fill in this information to identify your case:

Debtor 1	<b>Andrew James Garchar</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Tammy Noel Feo-Garchar</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>NORTHERN DISTRICT OF OHIO</b>		
Case number (if known)			

Check if this is an amended filing

## Official Form 108

**Statement of Intention for Individuals Filing Under Chapter 7**

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

**Part 1: List Your Creditors Who Have Secured Claims**

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
---	---	---

Creditor's name: **Bank of America NA**

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Retain the property and [explain]:  
**avoid lien using 11 U.S.C. § 522(f)**

Description of property securing debt: **239 Clingan Road Struthers, OH 44471 Mahoning County**

property securing debt:

Creditor's name: **Bank of America NA**

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Description of property securing debt: **239 Clingan Road Struthers, OH 44471 Mahoning County**

property securing debt:

Creditor's name: **C&F Finance Company**

Surrender the property.

No

Retain the property and redeem it.

Yes

Retain the property and enter into a *Reaffirmation Agreement*.

Description of property securing debt: **2017 Nissan Altima 103,079 miles**

Retain the property and [explain]:

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (if known) \_\_\_\_\_

securing debt:

**Retain and pay without reaffirmation**Creditor's **Chrysler Capital**

name:

Description of **2015 Dodge Durango 72,000**  
property **miles**

securing debt:

Surrender the property.  No  
 Retain the property and redeem it.  Yes  
 Retain the property and enter into a  
*Reaffirmation Agreement.*  
 Retain the property and [explain]:  
**Retain and pay**

Creditor's **Mr. Cooper**

name:

Description of **239 Clingan Road Struthers, OH**  
property **44471 Mahoning County**

securing debt:

Surrender the property.  No  
 Retain the property and redeem it.  Yes  
 Retain the property and enter into a  
*Reaffirmation Agreement.*  
 Retain the property and [explain]:  
**Retain and pay without reaffirmation**

Creditor's **So-Fi Lending**

name:

Description of **239 Clingan Road Struthers, OH**  
property **44471 Mahoning County**

securing debt:

Surrender the property.  No  
 Retain the property and redeem it.  Yes  
 Retain the property and enter into a  
*Reaffirmation Agreement.*  
 Retain the property and [explain]:  
**avoid lien using 11 U.S.C. § 522(f)**

**Part 2: List Your Unexpired Personal Property Leases**

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

**Describe your unexpired personal property leases****Will the lease be assumed?**

Lessor's name:

 NoDescription of leased  
Property: Yes

Lessor's name:

 No

Debtor 1 **Andrew James Garchar**  
 Debtor 2 **Tammy Noel Feo-Garchar**

Case number (*if known*) \_\_\_\_\_

Description of leased  
Property:

Yes

Lessor's name:  
Description of leased  
Property:

No

Yes

**Part 3: Sign Below**

**Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.**

**X /s/ Andrew James Garchar**

**Andrew James Garchar**

Signature of Debtor 1

Date

6/11/2019

**X /s/ Tammy Noel Feo-Garchar**

**Tammy Noel Feo-Garchar**

Signature of Debtor 2

Date

6/11/2019

Fill in this information to identify your case:

Debtor 1 Andrew James Garchar  
 Debtor 2 Tammy Noel Feo-Garchar  
 (Spouse, if filing)  
 United States Bankruptcy Court for the: Northern District of Ohio  
 Case number (if known) \_\_\_\_\_

Check one box only as directed in this form and in Form 122A-1Supp:

1. There is no presumption of abuse  
 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).  
 3. The Means Test does not apply now because of qualified military service but it could apply later.

Check if this is an amended filing

## Official Form 122A - 1

### Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

#### Part 1: Calculate Your Current Monthly Income

##### 1. What is your marital and filing status? Check one only.

Not married. Fill out Column A, lines 2-11.

Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

Married and your spouse is NOT filing with you. You and your spouse are:

Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.

Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ <u>5,055.92</u>	\$ <u>511.56</u>
3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$ <u>0.00</u>	\$ <u>0.00</u>
4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$ <u>0.00</u>	\$ <u>0.00</u>

##### 5. Net income from operating a business, profession, or farm

##### Debtor 1

Gross receipts (before all deductions)	\$ <u>5,483.33</u>
Ordinary and necessary operating expenses	-\$ <u>3,425.50</u>
Net monthly income from a business, profession, or farm	\$ <u>2,057.83</u>

Copy here -> \$ 2,057.83

\$ 0.00

##### 6. Net income from rental and other real property

##### Debtor 1

Gross receipts (before all deductions)	\$ <u>0.00</u>
Ordinary and necessary operating expenses	-\$ <u>0.00</u>
Net monthly income from rental or other real property	\$ <u>0.00</u>

Copy here -> \$ 0.00

\$ 0.00

##### 7. Interest, dividends, and royalties

\$ 0.00

Debtor 1  
Debtor 2Andrew James Garchar  
Tammy Noel Feo-Garchar

Case number (if known) \_\_\_\_\_

**8. Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you ..... \$ **0.00**  
 For your spouse ..... \$ **0.00**

**Column A  
Debtor 1**\$ **0.00****Column B  
Debtor 2 or  
non-filing spouse**\$ **0.00****9. Pension or retirement income.** Do not include any amount received that was a benefit under the Social Security Act.**10. Income from all other sources not listed above.** Specify the source and amount.

Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

\$ **0.00** \$ **0.00**

..... \$ **0.00**  
 ..... \$ **0.00**

\$ **0.00** \$ **0.00**

Total amounts from separate pages, if any.

+ \$ **0.00** \$ **0.00**

**11. Calculate your total current monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ <b>7,113.75</b>	+ \$ <b>511.56</b>	= \$ <b>7,625.31</b>
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Total current monthly income

**Part 2: Determine Whether the Means Test Applies to You****12. Calculate your current monthly income for the year.** Follow these steps:12a. Copy your total current monthly income from line 11 ..... Copy line 11 here=>\$ **7,625.31**

Multiply by 12 (the number of months in a year)

12b. The result is your annual income for this part of the form

**x 12**  
 12b. \$ **91,503.72**

**13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

**OH**

Fill in the number of people in your household.

**5**

Fill in the median family income for your state and size of household.

13. \$ **98,454.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**14. How do the lines compare?**

14a.  Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse*.  
 Go to Part 3.

14b.  Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2*.  
 Go to Part 3 and fill out Form 122A-2.

**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

**X /s/ Andrew James Garchar**

**Andrew James Garchar**  
 Signature of Debtor 1

Date **6/11/2019**

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

**X /s/ Tammy Noel Feo-Garchar**

**Tammy Noel Feo-Garchar**  
 Signature of Debtor 2

Date **6/11/2019**

MM / DD / YYYY

If you checked line 14b, fill out Form 122A-2 and file it with this form.

Debtor 1  
Debtor 2Andrew James Garchar  
Tammy Noel Feo-Garchar

Case number (if known)

**Current Monthly Income Details for the Debtor****Debtor Income Details:**

Income for the Period 12/01/2018 to 05/31/2019.

**Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions**Source of Income: **Trumbull Cty Education Serv**

Income by Month:

6 Months Ago:	<u>12/2018</u>	<u>\$5,055.92</u>
5 Months Ago:	<u>01/2019</u>	<u>\$5,055.92</u>
4 Months Ago:	<u>02/2019</u>	<u>\$5,055.92</u>
3 Months Ago:	<u>03/2019</u>	<u>\$5,055.92</u>
2 Months Ago:	<u>04/2019</u>	<u>\$5,055.92</u>
Last Month:	<u>05/2019</u>	<u>\$5,055.92</u>
	Average per month:	<u>\$5,055.92</u>

**Line 5 - Income from operation of a business, profession, or farm**Source of Income: **OT Plus Ltd**

Income/Expense/Net by Month:

	Date	Income	Expense	Net
6 Months Ago:	<u>12/2018</u>	<u>\$3,448.00</u>	<u>\$3,695.00</u>	<u>\$-247.00</u>
5 Months Ago:	<u>01/2019</u>	<u>\$5,778.00</u>	<u>\$4,320.00</u>	<u>\$1,458.00</u>
4 Months Ago:	<u>02/2019</u>	<u>\$6,195.00</u>	<u>\$4,095.00</u>	<u>\$2,100.00</u>
3 Months Ago:	<u>03/2019</u>	<u>\$6,031.00</u>	<u>\$2,619.00</u>	<u>\$3,412.00</u>
2 Months Ago:	<u>04/2019</u>	<u>\$5,724.00</u>	<u>\$2,912.00</u>	<u>\$2,812.00</u>
Last Month:	<u>05/2019</u>	<u>\$5,724.00</u>	<u>\$2,912.00</u>	<u>\$2,812.00</u>
	Average per month:	<u>\$5,483.33</u>	<u>\$3,425.50</u>	
			Average Monthly NET Income:	<u>\$2,057.83</u>

Debtor 1  
Debtor 2Andrew James Garchar  
Tammy Noel Feo-Garchar

Case number (if known)

**Current Monthly Income Details for the Debtor's Spouse****Spouse Income Details:**Income for the Period **12/01/2018 to 05/31/2019**.**Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions**Source of Income: **Columbiana County**

Income by Month:

6 Months Ago:	<b>12/2018</b>	<b>\$0.00</b>
5 Months Ago:	<b>01/2019</b>	<b>\$0.00</b>
4 Months Ago:	<b>02/2019</b>	<b>\$0.00</b>
3 Months Ago:	<b>03/2019</b>	<b>\$0.00</b>
2 Months Ago:	<b>04/2019</b>	<b>\$857.22</b>
Last Month:	<b>05/2019</b>	<b>\$2,212.14</b>
Average per month:		<b>\$511.56</b>

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

## This notice is for you if:

**You are an individual filing for bankruptcy,**  
and

**Your debts are primarily consumer debts.**  
*Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

## You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### Chapter 7: Liquidation

\$245	filings fee
\$75	administrative fee
<u>+</u>	<u>\$15</u> trustee surcharge
\$335 total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## Chapter 11: Reorganization

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\$1,167	filing fee
+ \$550	administrative fee
\$1,717 total fee	

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

## Read These Important Warnings

**Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.**

**Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.**

**You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.**

**Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

### Chapter 12: Repayment plan for family farmers or fishermen

\$200	filing fee
+      \$75	<u>administrative fee</u>
\$275      total fee	

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

### Chapter 13: Repayment plan for individuals with regular income

\$235	filing fee
+      \$75	<u>administrative fee</u>
\$310      total fee	

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

[http://www.uscourts.gov/bkforms/bankruptcy\\_form\\_s.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_form_s.html#procedure).

### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

[http://justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html)

In Alabama and North Carolina, go to:

<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

**United States Bankruptcy Court**  
**Northern District of Ohio**

In re **Andrew James Garchar**  
**Tammy Noel Feo-Garchar**

Debtor(s)

Case No.

Chapter

7

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$ <u>1,000.00</u>
Prior to the filing of this statement I have received .....	\$ <u>1,000.00</u>
Balance Due .....	\$ <u>0.00</u>

2. \$ 335.00 of the filing fee has been paid.

3. The source of the compensation paid to me was:

Debtor  Other (specify):

4. The source of compensation to be paid to me is:

Debtor  Other (specify):

5.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

6/11/2019

*Date*

/s/ John H. Chaney, III

**John H. Chaney, III**

*Signature of Attorney*

**Daniel Daniluk, LLC**

**1129 Niles-Cortland Road, SE**

**Warren, OH 44484-2542**

**330-609-9999 Fax: 330-609-9990**

**jchaney@daniiluklaw.com**

*Name of law firm*

**United States Bankruptcy Court  
Northern District of Ohio**

In re **Andrew James Garchar  
Tammy Noel Feo-Garchar**

Debtor(s)

Case No.

Chapter

**7**

**VERIFICATION OF CREDITOR MATRIX**

The above-named Debtors hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: **6/11/2019**

**/s/ Andrew James Garchar**

**Andrew James Garchar**

Signature of Debtor

Date: **6/11/2019**

**/s/ Tammy Noel Feo-Garchar**

**Tammy Noel Feo-Garchar**

Signature of Debtor

AES  
Bankruptcy Dept  
PO Box 65093  
Baltimore, MD 21264

AES  
Bankruptcy Dept  
PO Box 2461  
Harrisburg, PA 17105

AES/NCT  
ATTN: Bankruptcy  
PO Box 61047  
Harrisburg, PA 17106

Akron Children's Hospital  
6505 Market Street  
Youngstown, OH 44512

Akron Children's Hospital  
215 W. Bowery Street  
Akron, OH 44308

Akron Children's Hospital  
One Perkins Square  
Akron, OH 44308

Akron Children's Hospital  
ATTN: Bankruptcy  
214 West Bowery Street  
Akron, OH 44308

Allied Interstate  
P.O. Box 1954  
Southgate, MI 48195

Allied Interstate  
3000 Corporate Exchange Dr., 5th Fl  
Columbus, OH 43231

Allied Interstate  
ATTN: Bankruptcy  
PO Box 1954  
Southgate, MI 48195

Allied Interstate  
ATTN: Bankruptcy  
PO Box 981  
Minneapolis, MN 55440

Allied Interstate  
P.O. Box 361445  
Columbus, OH 43236

Allied Interstate LLC  
P.O. Box 4000  
Warrenton, VA 20188

AllTran Financial  
PO Box 610  
Sauk Rapids, MN 56379

Alltran Financial LP  
P.O. Box 722910  
Houston, TX 77272

Alltran Financial LP  
fka United Recovery Systems  
500 North Course Drive  
Houston, TX 77072

Alltran Financial LP  
p.o. bOX 4044  
Concord, CA 94524

Alltran Financial, LP  
ATTN: Bankruptcy  
PO Box 722929  
Houston, TX 77272

American Education Services  
ATTN: Bankruptcy  
1200 North 7th Street  
Harrisburg, PA 17102

American Express  
P.O. Box 981540  
El Paso, TX 79998

American Express  
ATTN: Bankruptcy  
PO Box 981537  
El Paso, TX 79998

American Express  
P.O. Box 981535  
El Paso, TX 79998

American Express  
P.O. Box 1270  
Newark, NJ 07101

American Express  
P.O. Box 31525  
Salt Lake City, UT 84131

Ashley Homestore/SYNCB  
ATTN: Bankruptcy  
PO Box 965064  
Orlando, FL 32896

Bank of America  
ATTN: Bankruptcy Dept.  
5401 North Beach Street  
FWTX 35  
Fort Worth, TX 76137

Bank of America  
ATTN: Bankruptcy  
P.O. Box 982234  
El Paso, TX 79998

Bank of America  
ATTN: Bankruptcy Dept.  
5401 North Beach Street  
Fort Worth, TX 76137

Bank of America  
P.O. Box 31785  
Tampa, FL 33631

Bank of America  
7105 Corporate Drive  
Plano, TX 75024

Bank of America  
P.O. Box 15019  
Wilmington, DE 19850

Bank of America NA  
ATTN: Bankruptcy  
100 North Tryon Street  
Charlotte, NC 28255

Bank of America, NA  
ATTN: Bankruptcy  
655 Papermill Road  
Newark, DE 19711

Barclays Bank Delaware  
700 Prides Crossing  
Newark, DE 19713

Barclays Bank Delaware  
ATTN: Bankruptcy  
PO Box 8803  
Wilmington, DE 19899

Barclays Bank Delaware  
ATTN: Bankruptcy  
400 White Clay Center Drive  
Newark, DE 19711

Best Buy  
P.O. Box 790441  
Saint Louis, MO 63179

Best Buy Credit Services  
P.O. Box 790441  
Saint Louis, MO 63179

Best Buy Credit Services  
P.O. Box 688911  
Des Moines, IA 50368

Best Buy Credit Services  
P.O. Box 9001007  
Louisville, KY 40290

Best Buy/Capital One  
ATTN: Bankruptcy  
26525 N Riverwoods Blvd  
Lake Forest, IL 60045

C&F Finance Company  
ATTN: Bankruptcy Dept  
PO Box 2129  
Richmond, VA 23218

Calvary Portfolio  
500 Summit Lake Drive #400  
Valhalla, NY 10595

Capital One  
P.O. Box 30253  
Salt Lake City, UT 84130

Capital One  
ATTN: Bankruptcy  
PO Box 30281  
Salt Lake City, UT 84130

Capital One  
15000 Capital One Drive  
Henrico, VA 23238

Capital One  
ATTN: Bankruptcy  
15000 Capital One Dr  
Richmond, VA 23238

Capital One  
P.O. Box 6492  
Carol Stream, IL 60197

Capital One  
ATTN: Bankruptcy  
PO Box 54529  
Oklahoma City, OK 73154

Capital One  
P.O. Box 30285  
Salt Lake City, UT 84130

Capital One  
ATTN: Bankruptcy  
PO Box 30253  
Salt Lake City, UT 84130

Capital One Bank  
ATTN: Bankruptcy  
15000 Capital One Drive  
Henrico, VA 23238

Capital One Bank (USA)  
ATTN: Bankruptcy  
4851 Cox Road  
Glen Allen, VA 23060

Capital One Bank USA NA  
ATTN: Bankruptcy  
4851 Cox Road  
Glen Allen, VA 23060

Carson Smithfield LLC  
ATTN: Bankruptcy  
220 West Station Square Dr., 4th Fl  
Pittsburgh, PA 15219

Carson Smithfield LLC  
ATTN: Bankruptcy  
PO Box 9216  
Old Bethpage, NY 11804

Cash Central  
6785 Bobcat Way #200  
Dublin, OH 43016

Cavalry Portfolio Services LLC  
ATTN: Bankruptcy Dept.  
500 Summit Lake #400  
Valhalla, NY 10595

Cavalry Portfolio Services LLC  
ATTN: Bankruptcy Dept.  
100 Cross Street #202  
San Luis Obispo, CA 93401

Cavalry Portfolio Services LLC  
P.O. Box 520  
Valhalla, NY 10595

Cavalry Portfolio Services LLC  
P.O. Box 27288  
Tempe, AZ 85285

Cavalry SPV 1, LLC  
P.O. Box 1030  
Hawthorne, NY 10532

Cavalry SPV 1, LLC  
500 Summit Lake Drive, Suite 400  
Valhalla, NY 10595

Chase  
P.O. Box 15298  
Wilmington, DE 19850

Chase  
ATTN: Bankruptcy  
P.O. Box 15298  
Wilmington, DE 19850

Chase  
P.O. Box 15299  
Wilmington, DE 19850

Chase  
P.O. Box 15123  
Wilmington, DE 19850

Chase  
CARDMEMBER SERVICES  
P.O. Box 6294  
Carol Stream, IL 60197

Chrysler Capital  
ATTN: Bankruptcy  
PO Box 961275  
Fort Worth, TX 76161

Chrysler Capital  
ATTN: Bankruptcy  
PO Box 961278  
Fort Worth, TX 76161

Citi Cards  
ATTN: Bankruptcy/IRU Dept  
PO Box 790034  
Saint Louis, MO 63179

Citi Cards  
ATTN: Bankruptcy  
399 Park Avenue  
New York, NY 10022

Citi Cards  
ATTN: Bankruptcy  
P.O. Box 6004  
Sioux Falls, SD 57117

Citi Cards  
6716 Grade Lane  
Building 9, Suite 910  
Louisville, KY 40213

Citi Cards  
P.O. Box 6497  
Sioux Falls, SD 57117

Citi Cards  
P.O. Box 9001037  
Louisville, KY 40290

CitiBank  
ATTN: Bankruptcy  
701 East 60th North  
Sioux Falls, SD 57117

Client Services, Inc.  
3451 Harry Truman Blvd.  
Saint Charles, MO 63301

Client Services, Inc.  
3451 Harry S. Truman Blvd.  
Saint Charles, MO 63301

Comenity Bank  
ATTN: Bankruptcy  
1 Righter Parkway #100  
Wilmington, DE 19803

Comenity Bank/Ulta  
ATTN: Bankruptcy  
PO Box 183003  
Columbus, OH 43218

Comenity Bank/Ulta  
P.O. Box 659820  
San Antonio, TX 78265

Credit One  
ATTN: Bankruptcy  
PO Box 98873  
Las Vegas, NV 89193

Credit One Bank  
ATTN: Bankruptcy  
PO Box 98875  
Las Vegas, NV 89193

Credit One Bank  
ATTN: Bankruptcy  
PO Box 98872  
Las Vegas, NV 89193

Credit One Bank N.A.  
P.O. Box 60500  
City of Industry, CA 91716

Credit One Bank N.A.  
P.O. Box 98873  
Las Vegas, NV 89193

Dick's Sporting Goods  
ATTN: Bankruptcy  
345 Court Street  
Coraopolis, PA 15108

Discover  
P.O. Box 30421  
Salt Lake City, UT 84130

Discover  
ATTN: Bankruptcy  
PO Box 15316  
Wilmington, DE 19850

Discover  
P.O. Box 15316  
Wilmington, DE 19850

Discover  
ATTN: Bankruptcy Department  
P.O. Box 15316  
Wilmington, DE 19850

Discover  
P.O. Box 742655  
Cincinnati, OH 45274

Discover Bank  
c/o DB Servicing Corporation  
PO Box 3025  
New Albany, OH 43054

Discover Card  
ATTN: Bankruptcy  
PO Box 30421  
Salt Lake City, UT 84130

Discover Fin Services LLC  
ATTN: Bankruptcy  
6500 New Albany Road East  
New Albany, OH 43054

Dr. Mark Braydich  
ATTN: Bankruptcy  
45 E. Liberty Street  
Hubbard, OH 44425

E\*Trade Bank/E\*Trade Securities LLC  
ATTN: Bankruptcy  
Harborside 2  
200 Hudson Street, #501  
Jersey City, NJ 07311

EGS Financial Care  
ATTN: Bankruptcy  
PO Box 1020, Dept #806  
Horsham, PA 19044

EGS Financial Care, Inc.  
4740 Baxter Road  
Virginia Beach, VA 23462

Elan Financial Services  
ATTN: Bankruptcy  
PO Box 108  
Saint Louis, MO 63166

Ember Financial Services  
ATTN: Bankruptcy  
PO Box 660676  
Dallas, TX 75266

Ember Financial Services  
ATTN: Bankruptcy  
PO Box 9201  
Old Bethpage, NY 11804

Fidelity Collections  
P.O. Box 2055  
Alliance, OH 44601

Fidelity National Collections  
P.O. Box 2055  
Alliance, OH 44601

Fidelity National Collections  
ATTN: Bankruptcy  
885 S Sawburg Avenue, Suite #103  
Alliance, OH 44601

Fidelity Properties  
ATTN: Bankruptcy  
885 S Sawburg Avenue, Suite #103  
Alliance, OH 44601

Fifth Third Bank  
ATTN: Bankruptcy Dept.  
1830 E. Paris, SE  
Grand Rapids, MI 49546

First Merit Bank  
ATTN: Bankruptcy  
295 First Merit Circle  
Akron, OH 44307

Firstsource Advantage LLC  
205 Bryant Woods South  
Buffalo, NY 14228

FMA Alliance Ltd  
12339 Cutten Road  
Houston, TX 77066

FMA Alliance Ltd  
ATTN: Bankruptcy Dept  
PO Box 2409  
Houston, TX 77252

FMA Alliance Ltd  
ATTN: Bankruptcy  
Dept #287  
PO Box 4115  
Concord, CA 94524

FNB Omaha  
ATTN: Bankruptcy  
PO Box 3412  
Omaha, NE 68103

Genesis Bankcard  
ATTN: Bankruptcy  
PO Box 4499  
Beaverton, OR 97076

Genesis Bankcard  
P.O. Box 4480  
Beaverton, OR 97076

Genesis Bankcard  
P.O. Box 23039  
Columbus, GA 31902

Global Credit & Collections  
5440 N. Cumberland Ave., Ste 300  
Chicago, IL 60656

Global Credit & Collections  
P.O. Box 129  
Linden, MI 48451

Global Credit & Collections  
ATTN: Bankruptcy  
5440 N. Cumberland Ave., Ste 300  
Chicago, IL 60656

Great Lakes Higher Education  
ATTN: Bankruptcy  
PO Box 7860  
Madison, WI 53707

Home Savings and Loan  
275 West Federal Plaza  
Youngstown, OH 44501

Humility of Mary Health Partners  
ATTN: Bankruptcy  
PO Box 1279  
Dept #114465  
Oaks, PA 19456

IRS  
c/o Bankruptcy Dept  
PO Box 7346  
Philadelphia, PA 19101

IRS  
c/o US Atty. General  
US Dept of Justice & 10th Street NW  
Room #5111  
Washington, DC 20530

IRS  
c/o US Atty's Office ND of Ohio  
801 West Superior Avenue #400  
Cleveland, OH 44113

IRS  
ATTN: Bankruptcy  
1240 East 9th Street, Room #493  
Cleveland, OH 44199

Jefferson Capital  
ATTN: Bankruptcy Dept.  
PO Box 7999  
Saint Cloud, MN 56302

Jefferson Capital Systems  
c/o First National Collection Bureau  
610 Waltham Way  
Sparks, NV 89434

Jefferson Capital Systems  
PO Box 772813  
Chicago, IL 60677

Jefferson Capital Systems, LLC  
16 McLeland Road  
Saint Cloud, MN 56303

Kabbage  
ATTN: Bankruptcy  
PO Box 77073  
Atlanta, GA 30357

Kabbage  
ATTN: Bankruptcy  
730 Peachtree Street NE  
Atlanta, GA 30308

Levy & Associates  
4645 Executive Drive  
Columbus, OH 43220

Lloyd & McDaniel PLC  
ATTN: Bankruptcy  
PO Box 23200  
Louisville, KY 40223

Lloyd & McDaniel PLC  
ATTN: Bankruptcy  
11405 Park Road #200  
Louisville, KY 40223

Loan Builder/Swift Financial LLC  
ATTN: Bankruptcy  
2211 North First Street  
San Jose, CA 95131

Loan Builder/Swift Financial LLC  
c/o CT Corporation Systems  
4400 Easton Commons Way #125  
Columbus, OH 43219

Loan Builders/Swift Financial LLC  
3505 Silverside Road  
Wilmington, DE 19810

Loan Me  
1900 College Blvd  
Anaheim, CA 92806

Macy's  
P.O. Box 78008  
Phoenix, AZ 85062

Macy's  
P.O. Box 8058  
Mason, OH 45040

Macy's  
P.O. Box 183084  
Columbus, OH 43218

Macy's  
Bankruptcy Processing  
P.O. Box 8053  
Mason, OH 45040

Macy's American Express  
ATTN: Bankruptcy  
PO Box 8097  
Mason, OH 45040

Macy's American Express  
P.O. Box 9001108  
Louisville, KY 40290

Mercy Health  
ATTN: Bankruptcy  
Duke Drive #400  
Mason, OH 45040

Merrick Bank  
ATTN: Bankruptcy  
10705 S. Jordan Gateway #200  
South Jordan, UT 84095

Merrick Bank  
ATTN: Bankruptcy  
PO Box 660702  
Dallas, TX 75266

Merrick Bank  
ATTN: Bankruptcy  
PO Box 9201  
Old Bethpage, NY 11804

Mr. Cooper  
8590 Cypress Waters Blvd.  
Coppell, TX 75019

Mr. Cooper  
P.O. Box 60516  
City of Industry, CA 91716-0516

National Enterprise Systems  
29125 Solon Road  
Solon, OH 44139

National Enterprise Systems  
ATTN: Bankruptcy  
2479 Edison Blvd, Unit A  
Twinsburg, OH 44087

National Enterprise Systems  
ATTN: Bankruptcy  
PO Box 1280  
Oaks, PA 19456

Navient Solutions  
ATTN: Bankruptcy  
PO Box 9500  
Wilkes Barre, PA 18773

Navient Solutions  
ATTN: Bankruptcy  
123 S. Justison Street  
Wilmington, DE 19801

Nissan Motor Acceptance Corp  
Attn: Bankruptcy  
PO Box 660360  
Dallas, TX 75266

Nissan Motor Acceptance Corp.  
2901 Kinwest Parkway  
Irving, TX 75063

North American Credit Services  
ATTN: Bankruptcy  
PO Box 182221  
Chattanooga, TN 37422

North American Credit Services  
ATTN: Bankruptcy  
2810 Walker Road  
Chattanooga, TN 37421

OneMain Financial  
ATTN: Bankruptcy  
601 N.W. 2nd Street  
Evansville, IN 47708

OneMain Financial  
ATTN: Bankruptcy  
PO Box 59  
Evansville, IN 47701

PayPal Credit  
Bankruptcy Department  
P.O. Box 5138  
Lutherville Timonium, MD 21094

PayPal Credit  
P.O. Box 105658  
Atlanta, GA 30348

PayPal Credit  
PO Box 105658  
Atlanta, GA 30348

PayPal Credit  
PO Box 5138  
Lutherville Timonium, MD 21094

PayPal Credit  
P.O. Box 960080  
Orlando, FL 32896

Pep Boy's/SYNCB  
ATTN: Bankruptcy  
PO Box 965035  
Orlando, FL 32896

Pep Boy's/SYNCB  
ATTN: Bankruptcy  
PO Box 960061  
Orlando, FL 32896

Portfolio Recovery Assoc. LLC  
ATTN: Bankruptcy  
120 Corporate Blvd.  
Norfolk, VA 23502

Portfolio Recovery Assoc. LLC  
ATTN: Bankruptcy  
PO Box 41067  
Norfolk, VA 23541

Portfolio Recovery Assoc. LLC  
ATTN: Bankruptcy Dept.  
120 Corporate Blvd., Suite #100  
Norfolk, VA 23502

Portfolio Recovery Assoc. LLC  
P.O. Box 12914  
Norfolk, VA 23541

Portfolio Recovery Assoc. LLC  
ATTN: Bankruptcy  
PO Box 12914  
Norfolk, VA 23541

Portfolio Recovery Assoc. LLC  
ATTN: Bankruptcy  
140 Corporate Blvd.  
Norfolk, VA 23502

Portfolio Recovery Associates  
ATTN: Bankruptcy Dept.  
140 Corporate Blvd, Suite #1  
Norfolk, VA 23502

Portfolio Recovery Associates  
ATTN: Bankruptcy Dept.  
140 Corporate Blvd  
Norfolk, VA 23502

Portfolio Recovery Associates  
ATTN: Bankruptcy Dept.  
PO Box 12914  
Norfolk, VA 23541

Portfolio Recovery Associates, LLC  
P.O. Box 41067  
Norfolk, VA 23541

Portfolio Recovery Associates, LLC  
P.O. Box 4115  
Concord, CA 94524

Radius Global Solutions LLC  
ATTN: Bankruptcy  
PO Box 390905  
Minneapolis, MN 55439

Sears Credit Cards  
ATTN: Bankruptcy  
PO Box 6282  
Sioux Falls, SD 57117

Sears Mastercard  
ATTN: Bankruptcy Dept.  
P.O. Box 9001055  
Louisville, KY 40290

Sears/CBNA  
P.O. Box 6283  
Sioux Falls, SD 57117

Sears/CBNA  
133200 Smith Road  
Cleveland, OH 44130

Sears/CBNA  
P.O. Box 6217  
Sioux Falls, SD 57117

So-Fi Lending  
ATTN: Bankruptcy  
375 Healdsburg Avenue, #2  
Healdsburg, CA 95448

So-Fi Lending  
ATTN: Bankruptcy  
PO Box 29372  
San Francisco, CA 94129

So-Fi Lending  
ATTN: Bankruptcy  
Dept #3534  
PO Box 123534  
Dallas, TX 75312

So-Fi Lending Corp  
ATTN: Bankruptcy  
One Letter Drive  
Suite A, Suite #4700  
San Francisco, CA 94129

St. Elizabeth /Mercy Health  
ATTN: Bankruptcy Department  
1044 Belmont Avenue  
Youngstown, OH 44504

St. Elizabeth/Mercy Health  
P.O. Box 630826  
Cincinnati, OH 45263

Struthers Federal Credit Union  
ATTN: Bankruptcy Dept  
808 Poland Avenue  
Struthers, OH 44471

SYNCB  
ATTN: Bankruptcy  
PO Box 965060  
Orlando, FL 32896

SYNCB  
ATTN: Bankruptcy  
PO Box 965033  
Orlando, FL 32896

SYNCB/Ashley Homestore  
ATTN: Bankruptcy  
PO Box 965060  
Orlando, FL 32896

SYNCB/Dick's Sporting Goods  
ATTN: Bankruptcy  
PO Box 965005  
Orlando, FL 32896

SYNCB/Dick's Sporting Goods  
P.O. Box 960012  
Orlando, FL 32896

SYNCB/Home  
ATTN: Bankruptcy  
950 Forrer Blvd  
Dayton, OH 45420

SYNCB/MC  
ATTN: Bankruptcy  
PO Box 965005  
Orlando, FL 32896

SYNCB/Pep Boys  
ATTN: Bankruptcy  
PO Box 965037  
Orlando, FL 32896

SYNCB/TJX CO DC  
P.O. Box 965015  
Orlando, FL 32896

SYNCB/Toys R Us  
P.O. Box 965005  
Orlando, FL 32896

SYNCB/Toys R Us  
P.O. Box 965013  
Orlando, FL 32896

SYNCB/Toys R Us  
Bankruptcy Department  
P.O. Box 965060  
Orlando, FL 32896

SYNCB/Toys R Us  
P.O. Box 965016  
Orlando, FL 32896-5016

Synchrony Bank  
Attn: Bankruptcy Dept.  
P.O. Box 965033  
Orlando, FL 32896

U.S. Bank  
1850 Osborn Avenue  
Oshkosh, WI 54902

U.S. Bank  
P.O. Box 108  
Saint Louis, MO 63166

U.S. Bank Cardmember Services  
P.O. Box 6352  
Fargo, ND 58125

Ulta/Comenity Bank  
ATTN: Bankruptcy  
PO Box 183043  
Columbus, OH 43218

Zwicker & Associates PC  
2300 Litton Lane #200  
Hebron, KY 41048

Zwicker & Associates, PC  
P.O. Box 9013  
Andover, MA 01810

Zwicker & Associates, PC  
80 Minuteman Road  
Andover, MA 01810